

# RECEIPT

Receipt No.

Date

**CLIENT INFORMATION**

Client Name

Company

Email / Phone

**PAYMENT DETAILS**

Payment Method

Transaction ID

Project Ref.

DESIGN SERVICE DESCRIPTION	QTY	RATE	AMOUNT
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Subtotal

Tax / VAT

**Total Paid**

Thank you for your creative collaboration.

For any queries regarding this payment, please contact us.

Authorized Signature