

RECEIPT

Receipt No:

Date:

FREELANCE BOOKKEEPER

Name:

Email:

Phone:

Address:

RECEIVED FROM

Client:

Company:

Phone:

Address:

DESCRIPTION OF BOOKKEEPING SERVICES	HOURS / QTY	RATE	LINE TOTAL
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PAYMENT METHOD

- Bank Transfer
- Card
- Cash
- Other

Reference No:

Subtotal

Tax / VAT

Total Paid

NOTES / REMARKS

AUTHORIZED SIGNATURE