

RECEIPT



<Your Company Name>
 <123 Street Address>
 <City, State, Zip/Post Code>
 <Phone Number>
 <Email Address>
 <Website>

DATE

RECEIPT NO.

BILL TO

<Contact Name>
 <Client Company Name>
 <Address>
 <Phone>
 <Email>

SHIP TO

<Name / Dept>
 <Client Company Name>
 <Address>
 <Phone>

DESCRIPTION	QTY	UNIT PRICE	TOTAL
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00

Remarks, notes, payment made in cash/card/cheque

SUBTOTAL	0.00
DISCOUNT	0.00
SUBTOTAL LESS DISCOUNT	0.00
TAX RATE	0.00%
TOTAL TAX	0.00
SHIPPING/HANDLING	0.00

Balance Paid \$ -

 Company Signature

 Client Signature