

# Official Receipt

For Consultation Fees

Receipt \_\_\_\_\_  
No.: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Consultant: \_\_\_\_\_  
Client  
Name: \_\_\_\_\_

Contact: \_\_\_\_\_  
Client  
Contact: \_\_\_\_\_

Description	Amount (USD)
Consultation Fee	_____
<b>Total Paid:</b>	_____

**Payment Method:**  Cash  Credit Card  Bank Transfer  Other:  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

This is an official receipt issued for the consultation services provided. Please keep this document for your records.