

Official Receipt

For Consultation Fees

Receipt No.: _____

Date: ____/____/____

Consultant: _____

Client Name: _____

Contact: _____

Client Contact: _____

Description	Amount (USD)
Consultation Fee	_____
Total Paid:	_____

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.