

YOUR BUSINESS NAME

Address: 123 Service Ave, Suite 100, City, State ZIP

Phone: (123) 456-7890

Email: info@yourbusiness.com

Receipt #: 000123

Date: 2024-06-15

Customer Name: John Doe

Payment Method: Credit Card

Service Description	Qty	Unit Price	Amount
Consultation	1	\$100.00	\$100.00
Website Audit	1	\$150.00	\$150.00
Subtotal			\$250.00
Tax (5%)			\$12.50
Total			\$262.50
Amount Paid			\$262.50
Balance Due			\$0.00

Received by: _____

Thank you for your business!

Please retain this receipt for your records.