

# 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.