

# Receipt for Services Rendered

Receipt Number:

\_\_\_\_\_

Date of Issue:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Service Provider:

\_\_\_\_\_

Provider Contact:

\_\_\_\_\_

Client Name:

\_\_\_\_\_

Client Contact:

\_\_\_\_\_

Service Description(s):

#	Description of Service	Date Provided	Amount (USD)
1	_____	____ / ____ / ____	_____
2	_____	____ / ____ / ____	_____
Subtotal			_____
Tax/Other			_____
Total Amount Paid			_____

Payment Method:

☐ Cash ☐ Credit Card ☐ Bank Transfer ☐ Other: \_\_\_\_\_

Transaction Reference/ID:

\_\_\_\_\_

Notes/Comments:

\_\_\_\_\_  
\_\_\_\_\_

Provider Signature:

\_\_\_\_\_

Client Signature:

\_\_\_\_\_

This receipt certifies that the services indicated above were rendered and payment was received in full. Please retain for your records.