

Receipt for Services Rendered

Receipt Number:

_____ / _____ / _____

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:

Provider Signature:

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