

# DATE



**RECEIPT NO.**



|  | **BILL TO** |  | **DELIVERED TO** (if different from billing address) |
| --- | --- | --- | --- |
| [ Your Company Name ][ Your Address ][ Your Email ][ Your Contact No.] | [ Client Name ][ Client Address ][ Client Email ][ Client Contact No. ] |  | [ Client Name ][ Client Address ][ Client Email ][ Client Contact No. ] |
|  |  |  |  |

| **DESCRIPTION QTY** | **UNIT PRICE** | **TOTAL** |
| --- | --- | --- |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |
|  |  |  | 0.00 |

Notes
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment by:

* Cash
* Cheque with number
* Credit card
* Others [ \_\_\_\_\_\_\_\_\_\_\_\_\_ ]

**SUBTOTAL** 0.00



**DISCOUNT** 0.00



**SUBTOTAL LESS DISCOUNT**  0.00



**TAX RATE** 0.00%



**TOTAL TAX** 0.00



**SHIPPING/HANDLING**  0.00



 

Company Signature Client Signature