

# RECEIPT

**YOUR  
LOGO**

[ Your Company Name ]

[ Your Address ]

[ Your Email ]

[ Your Contact No.]

DATE

RECEIPT NO.

**BILL TO**

[ Client Name ]

[ Client Address ]

[ Client Email ]

[ Client Contact No. ]

**DELIVERED TO** (if different from billing address)

[ 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
			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

**Balance Paid \$ -**

Company Signature

Client Signature