| RECEIPT | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | | |  | | | |
| **RECEIPT #** | | |  | | | |
| **FROM**    [ Your Company Name ]  [ Your Address ]  [ Your Email ]  [ Your Contact No. ] | **TO**  [ Client Name ]  [ Client Address ]  [ Client Email ]  [ Client Contact No. ] | | | | | |
| **Description** | **Quantity** | | **Price** | | **Amount** | |
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| Notes  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payment by:   * Cash * Cheque with number * Credit card * Others [ \_\_\_\_\_\_\_\_\_\_\_\_\_ ] | **Subtotal**   **Discount Subtotal** (less discount) | | | $0.00 0.0%  $0.00 | | |
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| **BALANCE DUE** | | | | $ - | |
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| **Payment Terms**  **Example**: Payment is due within 30 days from the date of the invoice.  Late payments may be subject to a penalty fee of 2% per month.  All payments should be made in [currency] via [payment method].  For any questions or concerns regarding payments, please contact [contact information]. | | | | | | |