| 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**  **DiscountSubtotal** (less discount) | $0.000.0%$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]. |