|  |  |  |
| --- | --- | --- |
| Your company name |  |  |
| 123 Your StreetCity, State, CountryZIP Code | 564-555-XXXXyour@email.comyourwebsite.com |  |  |
|  |  |  |  |  |
| **BILLED TO** Client NameStreet addressCity, State CountryZIP Code |  |  |  |  |
| RECEIPT |  |  |  |  |
| **DESCRIPTION** | **UNIT COST** | **QTY/HR RATE** | **AMOUNT** |
| **RECEIPT NUMBER**00001**DATE OF ISSUE**mm/dd/yyyy | Your item name | $0 | 1 | $0 |
| Your item name | $0 | 1 | $0 |
| Your item name | $0 | 1 | $0 |
| Your item name | $0 | 1 | $0 |
| Your item name | $0 | 1 | $0 |
| Your item name | $0 | 1 | $0 |
|  | Your item name | $0 | 1 | $0 |
|  |  |  |  |  |
|  |  |  | **SUBTOTAL** | $0 |
|  |  |  | **DISCOUNT** | $0 |
|  |  |  | **(TAX RATE)** | 0% |
|  |  |  | **TAX** | $0 |
|  |  |  |  |
|  |  |  | **RECEIPT TOTAL**$2000 |
| **TERMS**E.g. Please pay invoice by MM/DD/YYYY |  |  |

