|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Your company name | | |  | |  | |
| 123 Your Street  City, State, Country  ZIP Code | 564-555-XXXX  your@email.com  yourwebsite.com |  | |  | | |
|  |  |  | |  | |  |
| **BILLED TO**  Client Name  Street address  City, State Country  ZIP 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 | |  | |  | | |

