

Advanced Payment Invoice Receipt

Date: _____

Invoice No.: _____

From (Company):

Company Name

Address Line 1

Address Line 2

Phone: _____

Email: _____

Bill To (Client):

Client Name

Client Address Line 1

Client Address Line 2

Phone: _____

Email: _____

Project / Description _____

Payment Method _____

Advance Payment Date _____

Item / Service	Amount
Advance Payment for Project	_____
Total Paid (in words):	_____
Total Paid (in figures):	_____

This is to acknowledge the receipt of the above advance payment towards the project.
Further payments, if required, will be invoiced separately.
Thank you for your business.

Authorized Signature (Company)

Name / Position

Received By (Client)

Name / Signature