

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