

Consulting Fee Receipt

Date: _____
Receipt No: _____

Received From: _____

Business Name: _____

Address: _____

Contact: _____

Payment Method: _____

Description of Service	Hours	Rate	Amount
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Taxes: _____

Total Amount: _____

Notes: _____

Authorized Signature

Client Signature