|  |  |
| --- | --- |
| Your Company NamePAYMENT RECEIPT / 01-01-2013 | Your AddressCity, State Zip |

|  |  |
| --- | --- |
| **Client Name**AddressCity, State Zip | **BALANCE DUE**Upon Receipt$0.00 |

Notes

Use this space for comments to your client.

|  |  |  |  |
| --- | --- | --- | --- |
| Item Description | Quantity | Price Per | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Subtotal | $0.00 |
|  |  | Tax - 0% | $0.00 |
|  |  | TOTAL | $0.00 |