

RECEIPT



RECEIPT NUMBER : 0001
DATE OF ISSUE : DD/MM/YYYY

BILLED TO :
client name
123 your street
City, State, Country
Zip code
Phone

YOUR COMPANY NAME :
building name
123 your street
City, State, Country
Zip code
Phone

+91 12345 xxxxx
youremail@gmail.com
www.yourwebsite

Desciption	Unit Cost	QTY	Amount
Your item name	0.00	1	0.00
Your item name	0.00	1	0.00
Your item name	0.00	1	0.00
Your item name	0.00	1	0.00
Your item name	0.00	1	0.00
Your item name	0.00	1	0.00
Your item name	0.00	1	0.00
Your item name	0.00	1	0.00
Your item name	0.00	1	0.00
Your item name	0.00	1	0.00

Sub Total 0.00
Disconut 0.00
Tax rate 0%
Tax 0.00

TERMS
Please pay invoice by DD/MM/YYYY

PAID
0.00