

Name: _____	Invoice No.: _____
Phone: _____	
Date: _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Description: _____  <input checked="" type="checkbox"/> _____         </div> <div style="width: 45%;">           Price: _____            _____         </div> </div>	
Total Amount: _____	<div style="border: 1px solid black; padding: 5px;">             Company : _____              Details : _____              Address: _____           </div>
Amount Paid: _____	

← DEFAULT

✓

## RECEIPT

**"PAYMENT RECEIPT"**

COMPANY LOGO/ NAME	DETAILS
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Invoice : \_\_\_\_\_  
 Client : \_\_\_\_\_  
 Add : \_\_\_\_\_  
 Description /  
 Item : \_\_\_\_\_

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Payment Amt: \_\_\_\_\_

Balance: \_\_\_\_\_