

Service Delivery Receipt

Receipt No:

Date:

____ / ____ / ____

Freelancer Name:

Client Name:

Freelancer Contact:

Client Contact:

Service Details:

| Description of Service | Quantity | Rate | Total |
|------------------------|----------|------|-------|
| | | | |
| | | | |
| | | | |

Total Amount Paid:

Notes / Remarks:

Freelancer Signature

Client Signature