Receipt

RECEIPT

Enter one line per item or service supplied. Totals should be checked against your practice management system before the document is issued.

Practice name: _____ **Invoice number:** _____

Practice address, phone, email and tax ID

Bill to - name: _____ **Bill to - account number:** _____

Bill to - address

Invoice date: _____ dd / mm / yyyy **Payment due date:** _____ dd / mm / yyyy

ITEMS AND SERVICES

Date: _____ **Description:** _____

Code: _____ **Qty:** _____

Unit price: _____ **Amount:** _____

Subtotal: _____ **Discount:** _____

Tax: _____ **Amount paid:** _____

Balance due: _____

Totals

Payment methods and terms

Please quote the invoice number with any payment. Contact the practice before the due date if you need to discuss a payment plan.