

# Digital Service Fee Receipt

**Date:** 2024-06-30

**Receipt No.:** DSFR-2024-0010

**Provider Name:** Dr. Jane Walter

**Professional ID:** PR-478945

**Client Name:** Mark Anderson

**Client Email:** mark.anderson@email.com

## Details of Service

Description	Service Date	Hours	Rate	Subtotal
Online Consultation	2024-06-28	2	\$120/hr	\$240
Digital Report Preparation	2024-06-29	1	\$120/hr	\$120
<b>Total Fee</b>				<b>\$360</b>

## Payment Method

**Paid Via:** Bank Transfer

**Transaction Reference:** TXN7327492

Authorized Signature

- This receipt serves as valid proof of payment for digital professional services rendered.
- Ensure all details above are correct and match your transaction records.
- Retain this receipt for accounting, tax, or reimbursement purposes.
- The receipt may contain professional license and tax identification numbers as required.
- Contact the service provider immediately if any correction is necessary.