|  |  |
| --- | --- |
| Name of KinesiologistName of companyAddressCity, Prov, Postal CodePhoneE-Mail Website  | Receipt |
|  | Date: \_\_/\_\_\_/\_\_\_\_ |
| Client NameAddress |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Sequential Receipt no: \_\_\_\_\_\_ |  | Your Kin registration/accreditate/affiliated/membership numberi.e.: Kinesiology BCKA#201308? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qty | Description | Unit Price ($) | GST | Line Total |
| 1 | Service:i.e. Kinesiology Assessment – February 19, 2018 | 75.00 | 3.75 | 78.75 |
|  |  |  |  |  |
|  |  |  |  |  |
|  | GST # |  | Total | $78.75 |

Thank you for your business!