|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Kinesiologist  Name of company  Address City, Prov, Postal Code Phone E-Mail  Website | Receipt | | | |
|  | | Date: \_\_/\_\_\_/\_\_\_\_ | |
| Client Name Address | |  |  | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Sequential Receipt no: \_\_\_\_\_\_ |  | Your Kin registration/accreditate/affiliated/membership number  i.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!