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Lorem Ipsum

|  |  |  |  |
| --- | --- | --- | --- |
| Amount received from |  | Receipt# |  |
| Address: |  | Amount: |  |
| Purpose of payment |  |
| Payment made by | [Name] | CashCheque | Other: |
| Account: | Total amount due [XXXX]$ | Amount Paid[AMOUNT]$ | Balance Due[AMOUNT]$ |
| Amount received by |  |
| Authorized Signature: |  | Authorized Signature: |  |

CASH RECEIPT

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

+1 321-654-7890

Location, City, State, Zip code

info@company.com