­

DIRECTOR OF MARKETING

BUSINESS NAME

|  |  |  |  |
| --- | --- | --- | --- |
| 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: |  |

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASH RECEIPT

PHONE: +1 111-456-9870EMAIL: YOURMAIL@EMAIL.COMLOCATION, CITY, STATE, ZIPCODE

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