

Dual Signature Payment Receipt Form

This form ensures secure and verified transactions by requiring signatures from two authorized parties. It is essential for transparent and accountable financial records.

Receipt Number:

Date of Payment:

Received From (Payer):

Amount Received:

Payment Method: --Select--

Purpose/Description:

Authorized Signatory 1

Name

Position/Title Date:

Authorized Signatory 2

Name

Position/Title Date:

Note: Both authorized signatures are required to validate this receipt. Please retain a copy for your records.