

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:	<input type="text"/>
Date of Payment:	<input type="text"/>
Received From (Payer):	<input type="text"/>
Amount Received:	<input type="text"/>
Payment Method:	<input type="text" value="--Select--"/>
Purpose/Description:	<input type="text"/>

Authorized Signatory 1

Date:

Authorized Signatory 2

Date:

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