

## Cash Payment Receipt

School Name: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

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

Received From (Parent/Guardian):  
\_\_\_\_\_

Student Name: \_\_\_\_\_

Class/Grade: \_\_\_\_\_

Amount Paid (in words):  
\_\_\_\_\_

Amount Paid (figures): â,¡ \_\_\_\_\_

Purpose of Payment: School Fees -  
\_\_\_\_\_ Term  
\_\_\_\_\_

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Signature

**Note:** Please keep this receipt as proof of payment.