

Payment Receipt Form

Receipt Number:		Date:	__/__/__
Received From:			
Address:			
Payment Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Transfer	Cheque/Ref No.:	
Amount Received:	\$ _____		
For Payment Of:			
Remarks:			

Received By:

Name:	Signature:	Date:
_____	_____	__/__/__

This receipt is issued as proof of payment for the stated amount. Please retain it for your records.