

Cash Payment Receipt (Partial Payment)

Receipt No.: _____

Date of Payment: ____ / ____ / ____

Received From: _____

Amount Paid (in words): _____

Amount Paid (in figures): \$ _____

Purpose/Description: _____

Total Amount Due: \$ _____

**Total Amount Paid
(including this):** \$ _____

Remaining Balance: \$ _____

Payment Method: Cash

Received By

Payer's Signature

This **cash payment receipt** acknowledges the partial payment received as specified above. Please retain this receipt for your records.