

## 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

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Received By

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Payer's Signature

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