

Cash Receipt Form

Date: _____

Receipt No.: _____

Received From: _____

Itemized List of Purchased Products/Services:

#	Description	Quantity	Unit Price	Amount
1	Item/Product A	2	\$10.00	\$20.00
2	Item/Product B	1	\$15.00	\$15.00
3	Service C	3	\$5.00	\$15.00
Total				\$50.00
Amount Paid				_____
Balance Due				_____

Payment Method: ☐ Cash ☐ Check ☐ Credit Card ☐ Other _____

Received By: _____

Signature: _____