

# DAMAGE DEPOSIT RECEIPT

Date \_\_\_\_\_

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

Received From \_\_\_\_\_ \$

*The Amount of* \_\_\_\_\_ *Dollars*

Cash     Money Order     Cashier's Check     Check No.: \_\_\_\_\_

The above Deposit has been made for the following purpose(s):

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This Deposit is  refundable -OR-  non-refundable

Terms of Refund:

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date