

CASH PAYMENT RECEIPT

Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Date: _____

Receipt #: _____

Payment Information

Paid By: _____

Amount Paid: _____ Dollars (\$ _____)

For Payment Of: _____

Subtotal: \$ _____

Tax Rate (%): _____

Total Tax: \$ _____

Total Amount Due: \$ _____

Amount Paid: \$ _____

Remaining Balance: \$ _____

Received By: _____

Authorized Signature _____

