

# PAYMENT RECEIPT

(PAID IN FULL)

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

Recipient Name: \_\_\_\_\_

Recipient Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

## Payment Information

The undersigned acknowledges that the total owed sum of \_\_\_\_\_  
dollars (\$\_\_\_\_\_) was paid in-full by \_\_\_\_\_ on  
\_\_\_\_\_ for the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Received by: \_\_\_\_\_

Signature: \_\_\_\_\_

