

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: _____

