

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 _____

