

# Cash Payment Receipt

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

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

Store Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Received From: \_\_\_\_\_

Amount (in figures): \_\_\_\_\_

Amount (in words): \_\_\_\_\_

Payment For: \_\_\_\_\_

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Customer's Signature