

**Company Name**

Street Address  
City, State ZIP  
Phone:  
Email:

**Vendor Name**

Vendor Address  
City, State ZIP  
Phone:  
Email:

**INVOICE PAYMENT RECEIPT**

Receipt No:  
Date:  
Payment Method:  
Reference No:

Invoice No.	Invoice Date	Description	Invoice Amount	Amount Paid
<hr/>				
<hr/>				
Total Paid				
<hr/>				
Balance Due				
<hr/>				

Notes:

<hr/>	
Authorized Signature	
<hr/>	
Date:	
<hr/>	
Vendor Signature	
<hr/>	
Date:	