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PAYMENT RECEIPT

RECEIPT NO.	PAYMENT DATE	INVOICE / ACCOUNT NO.	AMOUNT PAID

PAID BY

Name _____

Company _____

Address _____

Phone / email _____

PAID TO

Business _____

Address _____

Phone / email _____

Tax ID (optional) _____

What this payment covers

Invoice / description	Invoice date	Invoice total	Applied

Total invoiced	
Previously paid	
Paid today	
Remaining balance	

PAYMENT METHOD

❑ Cash ❑ Check ❑ Card ❑ Bank transfer / ACH ❑ Payment app / other

Check / transaction ref. _____

Card (last 4) / bank _____

NOTES

_____

_____

_____ _____ _____

Received by (print name) Signature Date