

PAYMENT RECEIPT

INVOICE

Your Company Name

123 Main Street
City, State, ZIP
Country
Phone: (123) 456-7890 | Email: info@yourcompany.com

Supplier Details:

Supplier Name: CBL - Mr. Chamod Gunarathne
Supplier ID: S00006

Invoice Details:

Invoice Number: INV-20250322-67df03b6f303a
Payment Date: March 23, 2025

Payment Details:

Description	Amount
Payment	\$10,000.00

Total Payment: \$10,000.00

Remaining Balance Due: \$20,000.00