CASH  
  
 PAYMENT  
  
 RECEIPT  
   
 CASH   
 PAYMENT   
 RECEIPT   
  
 Company  
  
 Name:  
   
 Company   
 Name:   
  
 Street  
  
 Address:  
   
 Street   
 Address:   
  
 City,  
  
 State,  
  
 Zip:  
   
 City,   
 State,   
 Zip:   
  
 Phone:  
   
 Phone:   
  
 Fax:  
   
 Fax:   
  
 Email:  
   
 Email:   
  
 Website:  
   
 Website:   
  
 Date:  
   
 Date:   
  
 Receipt  
  
 #:  
   
 Receipt   
 #:   
  
 Payment  
  
 Information  
   
 Payment   
 Information   
  
 Paid  
  
 By:  
   
 Paid   
 By:   
  
 Amount  
  
 Paid:  
   
 Amount   
 Paid:   
  
 For  
  
 Payment  
  
 Of:  
   
 For   
 Payment   
 Of:   
  
 Dollars  
  
 ($  
   
 Dollars   
 ($   
  
 Subtotal:  
  
 $  
   
 Subtotal:   
 $   
  
 Tax  
  
 Rate  
  
 (%):  
   
 Tax   
 Rate   
 (%):   
  
 Total  
  
 Tax:  
  
 $  
   
 Total   
 Tax:   
 $   
  
 Total  
  
 Amount  
  
 Due:  
  
 $  
   
 Total   
 Amount   
 Due:   
 $   
  
 Amount  
  
 Paid:  
  
 $  
   
 Amount   
 Paid:   
 $   
  
 Remaining  
  
 Balance:  
  
 $  
   
 Remaining   
 Balance:   
 $   
  
 Received  
  
 By:  
   
 Received   
 By:   
  
 Authorized  
  
 Signature  
   
 Authorized   
 Signature   
  
 Page  
  
 1  
  
 of  
   
 Page   
 1   
 of