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