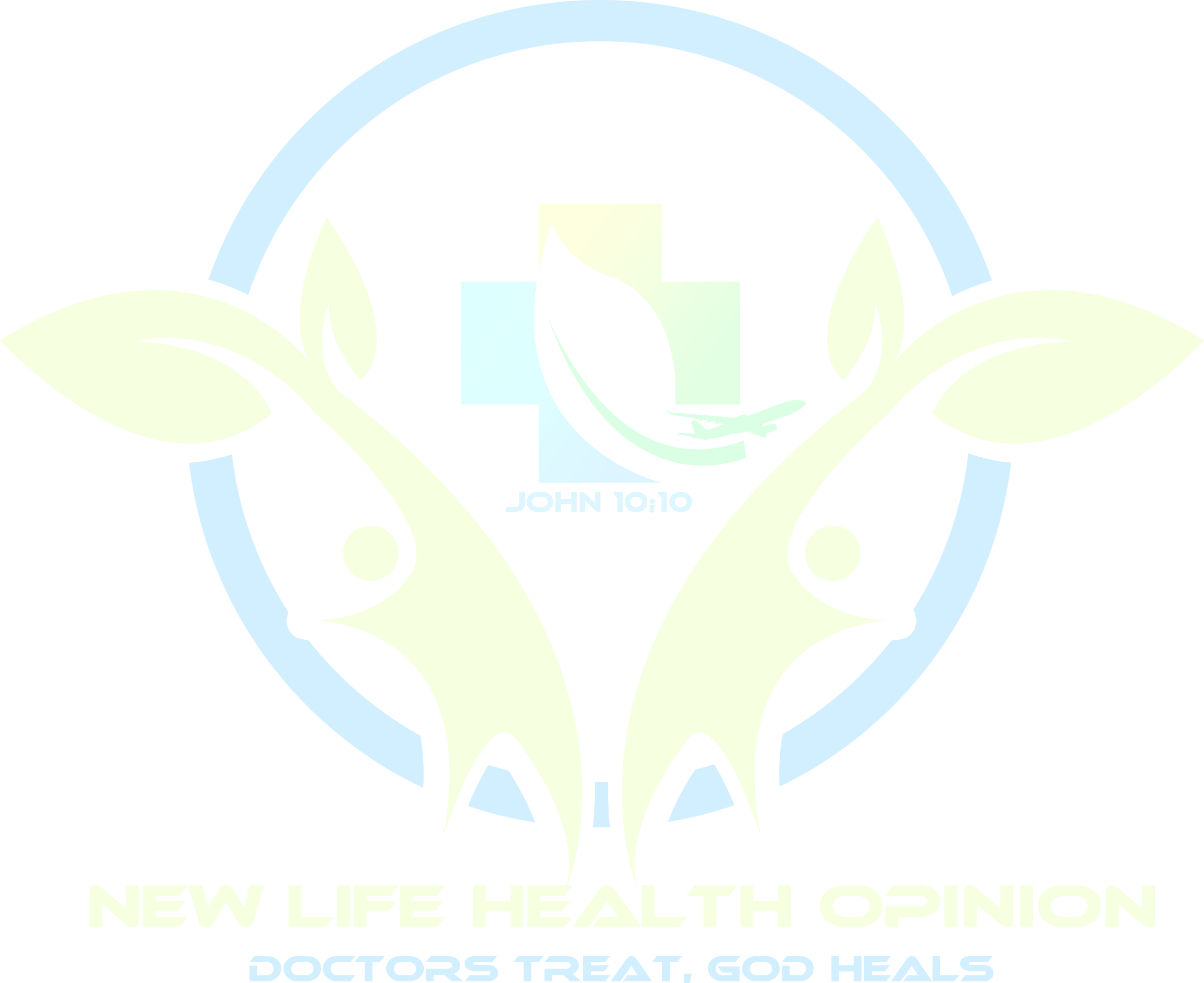


CASH PAYMENT RECEIPT



Company Name: Phone: \_

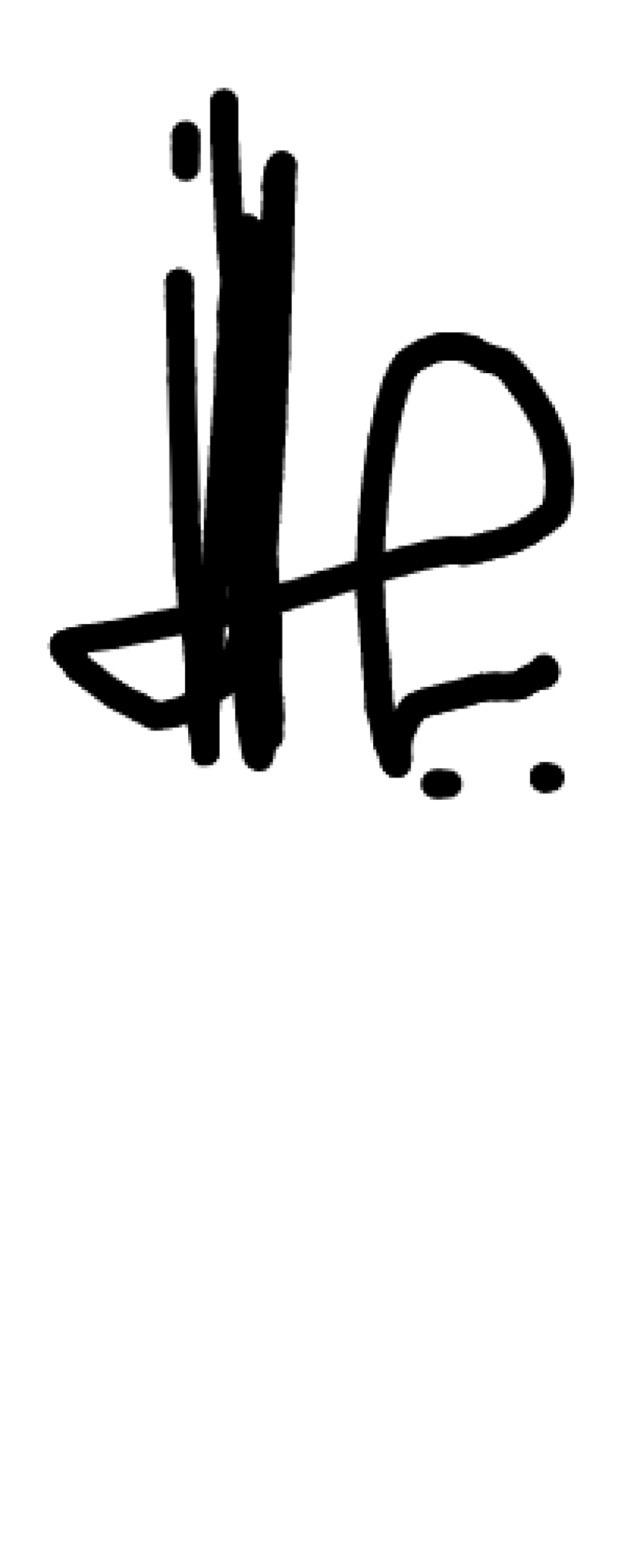
Email: \_

Date: \_

Receipt #: \_

**Payment Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Quantity | Unit Price | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Subtotal: |  |  |  |

**Authorized Signature**

Contact Us: Email: [Newlifehealthopinion@gmail.com](mailto:Newlifehealthopinion@gmail.com) Phone: +254724994066

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