

# CASH PAYMENT RECEIPT

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

## Payment Information

Paid By: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Dollars (\$\_\_\_\_\_)

For Payment Of: \_\_\_\_\_

Subtotal: \$\_\_\_\_\_

Tax Rate (%): \_\_\_\_\_

Total Tax: \$\_\_\_\_\_

Total Amount Due: \$\_\_\_\_\_

Amount Paid: \$\_\_\_\_\_

Remaining Balance: \$\_\_\_\_\_

Received By: \_\_\_\_\_

Authorized Signature \_\_\_\_\_