RECEIPT FOR PARTIAL PAYMENT

Receipt No: _____

Date: _____

RECEIVED FROM

Name / Company:

Address:

Phone / Email:

ORIGINAL INVOICE DETAILS

Invoice Number:

Invoice Date:

Payment Method:

DESCRIPTION OF GOODS / SERVICES	QUANTITY	TOTAL AMOUNT

Total Invoice Amount: _____

Previously Paid: _____

Amount Paid (This Receipt): _____

Remaining Balance Due: _____

Balance Due Date:

_____

AUTHORIZED SIGNATURE