

OFFICE SPACE LEASE DEPOSIT RECEIPT

Receipt Number: _____

Date: _____

LANDLORD / LESSOR INFORMATION

Company: _____

Name: _____

Address: _____

Phone: _____

TENANT / LESSEE INFORMATION

Company: _____

Name: _____

Address: _____

Phone: _____

LEASED PREMISES DESCRIPTION

Building Name: _____

Suite/Room: _____

Address: _____

PAYMENT & DEPOSIT DETAILS

Deposit Amount: _____

Payment Method:

- Cash
 Check (No. _____)

Deposit Allocation:

- Bank Transfer
 Security Deposit
 Credit/Debit Card
 Holding Deposit

Received By:

- First Month's Rent
 Last Month's Rent

AUTHORIZED REPRESENTATIVE SIGNATURE

TENANT / LESSEE SIGNATURE

This document serves as an official receipt for the security deposit payment specified above. Subject to the terms and conditions outlined in the lease agreement.