

RECEIPT OF PAYMENT

Receipt No: _____
Date: _____

RECEIVED FROM _____

PAID TO _____

DESCRIPTION OF PAYMENT / SERVICES	AMOUNT

Payment Method: _____
Reference/Txn ID: _____
Notes: _____

Subtotal: _____
Tax / VAT: _____
Total Paid: _____
Balance Due: **\$0.00**

PAID IN FULL

AUTHORIZED SIGNATURE