

CASH RECEIPT

Receipt No: Date:

RECEIVED FROM

Name:

Address:

Phone/Email:

RECEIVED BY

Company/Name:

Department:

Authorized By:

METHOD OF PAYMENT

- Cash
- Check
- Bank Transfer
- Credit/Debit Card
- Other

DESCRIPTION OF PAYMENT / ACCOUNT ACTIVITY	AMOUNT

Subtotal:

Tax / Fee:

Total Cash Inflow:

Payer Signature

Receiver Signature