PAYMENT RECEIPT

Receipt No: ____________

Date: ____________

RECEIVED FROM (BUYER)

Company:

Contact Name:

Address:

Tax ID / EIN:

RECEIVED BY (SELLER)

Company:

Representative:

Address:

Tax ID / EIN:

DESCRIPTION OF GOODS	QTY	UNIT PRICE	TOTAL AMOUNT

Subtotal: ____________

Tax / VAT: ____________

Shipping/Handling: ____________

Total Paid: ____________

Payment Method:

Reference/Check No:

Payment Date:

Remaining Balance:

Authorized Representative Signature

Date