

PAYMENT RECEIPT	COMPANY LOGO	YOUR COMPANY NAME HERE STREET NAME, TOWN, STATE ZIP CODE (408) – 555-5555	100															
			DATE _____															
	RECEIVED FROM _____	\$																
	_____		DOLLARS															
	FOR _____																	
	<table><tr><td>AMOUNT OF ACCOUNT</td><td></td><td></td></tr><tr><td>THIS PAYMENT</td><td></td><td></td></tr><tr><td>BALANCE DUE</td><td></td><td></td></tr></table>	AMOUNT OF ACCOUNT			THIS PAYMENT			BALANCE DUE			<table><tr><td>☐</td><td>CASH</td></tr><tr><td>☐</td><td>CHECK</td></tr><tr><td>☐</td><td>MONEY ORDER</td></tr></table>	☐	CASH	☐	CHECK	☐	MONEY ORDER	CHECK NO. _____ MONEY ORDER NO. _____
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