

Cash Transaction Payment Receipt

Receipt No.: _____

Date: ____ / ____ / ____

Received From: _____

Contact: _____

Address: _____

Amount Received: â,¹ _____ (in words): _____

On Account of: _____

Date: ____ / ____ / ____

Receiver's Signature

Payer's Signature

Important Notes:

- This receipt serves as proof of cash payment made and received.
- Ensure all details are clearly filled in before handing over the receipt.
- This document is to be retained by both parties for their records.
- Receipts issued without the correct date, signatures, and amount may be invalid.
- Alterations or corrections must be verified and initialed by both parties.