

# Itemized Payment Acknowledgment Form

## Recipient Details

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_

## Payer Details

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_

## Payment Information

Date: \_\_\_\_\_ Payment Reference No.: \_\_\_\_\_  
Payment Method: \_\_\_\_\_ Currency: \_\_\_\_\_

## Itemized Payments

#	Description	Quantity	Unit Price	Subtotal
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
Total:				_____

Additional Notes:

\_\_\_\_\_

Recipient's Signature  
Date: \_\_\_\_\_

Payer's Signature  
Date: \_\_\_\_\_

## Important Notes

- This acknowledgment serves as proof of itemized payments received.
- Both parties should retain a signed copy for their records.
- Ensure all information is complete and accurate before signing.
- This form does not replace formal invoices or receipts where required by law.
- Any disputes should be resolved as per agreed terms between the parties.