

PAYMENT RECEIPT

Receipt No: _____

Date: ____ / ____ / ____

Received From: _____

Amount: \$ _____

Amount in Words: _____

For Payment Of: _____

Service Period: _____

Payment Method: Cash / Cheque / Bank Transfer

Remarks: _____

Received by (Signature)

Customer's Signature

Important Notes:

- This document serves as official proof of payment for provided services.
- Please fill out all sections clearly and accurately.
- Handwritten receipts must be signed by both receiver and customer.
- Retain a copy for your records.
- Alterations or erasures may void the receipt's validity.