

Company Name  
Address Line 1  
City, State, ZIP  
**CASH RECEIPT**

Receipt No.

Date

\_\_/\_\_/\_\_

Received By

Received From

Payment Method

Cash

Amount: \_\_\_\_\_ (in numbers)

Amount in Words:

Description / For:

Received By

Customer Signature

Date

Important Notes:

- Ensure all required fields are accurately completed before issuing the receipt.
- This document serves as proof of payment; keep it in a safe place.
- Alterations or corrections should be initialed by both parties.
- Receipts should be issued in sequential order and properly recorded.