

Business Advance Payment Deposit Receipt

Receipt No: _____

Date: _____

Payer Details

Received from: _____

Contact No.: _____

Business/Company Name: _____

Email: _____

Deposit Details

Description	Amount (Currency)	Remarks
Advance Payment for Order/Service	_____	_____

Payment Mode:

☐ Cash ☐ Cheque ☐ Bank Transfer ☐ Other

Bank/Cheque No. (if applicable): _____

Amount in Words: _____

Received By
(Signature & Stamp)

Authorized Person
(Name & Designation)

Important Notes:

- This receipt serves as proof of the advance payment deposit made by the payer to the business.
- Please retain this receipt for your records and future reference.
- The advance payment is subject to terms and conditions agreed upon between both parties.
- This receipt does not constitute a full and final settlement of any order or service.
- No liability will be accepted for any loss of receipt after issuance.