

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.