

CASH RECEIPT FORM

Date: _____

Receipt No. _____

Received From: _____

Address: _____

Received By: _____

Received By: _____

Amount in Figures:

Amount in Figures: \$ _____

Amount in Words: _____

Purpose of Payment: _____

Payment Details: _____

Status: PAID

Remarks: _____

Receiver Signature: _____

Payer Signature: _____

Keep this receipt as proof of cash payment