

PAYMENT  
CONFIRMATION  
RECEIPT

Receipt No.: PCR-0001

Payer Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Payee Name: \_\_\_\_\_

Payment Purpose: \_\_\_\_\_

Transaction ID: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Currency: \_\_\_\_\_

Payment Method: ☐ Cash ☐ Bank Transfer ☐ Card ☐ Online

☒ I confirm that the above payment has been received in full

Receiver Signature: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Authorized By:

Company Stamp