**CASH PAYMENT RECEIPT**

|  |  |
| --- | --- |
| Company Name: | [Company Name] |
| Street Address: | [Address] |
| City, State, Zip: | [city], [State], [Zip code] |
| Phone: | [Phone Number] |
| Fax: | [Fax Number] |
| Email: | [Fax Number] |
| Website: | [Website] |

|  |  |
| --- | --- |
| Date: | [Date] |
| Receipt #: | [Number] |

**Payment Information**

|  |
| --- |
| Paid By: [Name] |
| Amount Paid: [Amount] |
| For Payment Of: [Reason] |

**Subtotal: $** [Amount]

**Tax Rate (%):** [Amount]

**Total Tax: $** [Amount]

**Total Amount Due: $** [Amount]

**Amount Paid: $** [Amount]

**Remaining Balance: $** [Amount]

**Authorized Signature**

|  |
| --- |
| Received By:  [Signature] |