**PAYMENT RECEIPT**

**(PAID IN FULL)**

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

|  |
| --- |
| [Recipient Name] |
| [Street Address] |
| [City, State, Zip] |
| [Phone Number] |
| [Email Address] |

**Payment Information**

The undersigned acknowledges that the total owed sum of [Reason] dollars ($ [Amount] ) was paid in-full by [Reason] on [Date] for the following:

[Information]

[Information]
[Information]

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [Date] |
| **Received by Signature** |  | **Date** |

[Name]

|  |
| --- |
| **Received by Name** |