



RECEIPT

#: _____

Date: _____

Received From: _____

The sum of _____

For: _____

From: _____ To: _____

Amount to be received: \$ _____

Amount Paid: \$ _____

Balance due: \$ _____ signed: _____



RECEIPT

#: _____

Date: _____

Received From: _____

The sum of _____

For: _____

From: _____ To: _____

Amount to be received: \$ _____

Amount Paid: \$ _____

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The sum of _____

For: _____

From: _____ To: _____

Amount to be received: \$ _____

Amount Paid: \$ _____

Balance due: \$ _____ signed: _____