RECEIPT SLIP	RECEIPT
No. Date:	No Date:
Amount in number:	Amount in number:
Amount in words:	Amount in words:
Paid by: ☐ Cash ☐ Check ☐ Money Order Check No:	Paid by: ☐ Cash ☐ Check ☐ Money Order Check No:
From	From
For	For
Received by: signature and stamp	Received by: signature and stamp
Info: About Issuer of Receipt	Info: About Issuer of Receipt
Name:	Name:
State/Tax ID:	State/Tax ID:
Address:	Address: