

Receipt Number: _____

Date: _____

Received From _____ the amount of \$ _____

For _____

| | |
|--------------------------|-------------|
| <input type="checkbox"/> | Cash |
| <input type="checkbox"/> | Cheque |
| <input type="checkbox"/> | Money Order |

Current Balance: \$ _____

Payment Amount: \$ _____

Balance Due: \$ _____

Received By: _____

Cash Sale Receipt

Receipt Number: _____

Date: _____

Received From _____ the amount of \$ _____

For _____

| | |
|--------------------------|-------------|
| <input type="checkbox"/> | Cash |
| <input type="checkbox"/> | Cheque |
| <input type="checkbox"/> | Money Order |

Current Balance: \$ _____

Payment Amount: \$ _____

Balance Due: \$ _____

Received By: _____

