

[Your Business Name]

PAYMENT RECEIPT

Address: _____

Phone: _____

Receipt No.: _____

Date: _____

Received from: _____

Phone: _____

Paid by (cash / cheque / bank): _____

Cheque / ref. no.: _____

S.No	Received against (bill no. / details)	Amount
1		
2		
3		
4		
5		
6		

Amount in words: _____

Total received	
Balance remaining	

Received by

Paid by