

RECEIPT		NO.
PAYEE NAME: ADDRESS: CITY, ST ZIP CODE:		PAYER NAME: ADDRESS: CITY, ST ZIP CODE:
DATE	DESCRIPTION	AMOUNT
	SUBTOTAL	
	TAX	
	TOTAL	

RECEIPT		NO.
PAYEE NAME: ADDRESS: CITY, ST ZIP CODE:		PAYER NAME: ADDRESS: CITY, ST ZIP CODE:
DATE	DESCRIPTION	AMOUNT
	SUBTOTAL	
	TAX	
	TOTAL	

RECEIPT		NO.
PAYEE NAME: ADDRESS: CITY, ST ZIP CODE:		PAYER NAME: ADDRESS: CITY, ST ZIP CODE:
DATE	DESCRIPTION	AMOUNT
	SUBTOTAL	
	TAX	
	TOTAL	