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| --- |
| **Cash Receipt** |
|  |
| **Receipt No** |  | **Date** |  |
| **Name**  |  |
| **Address**  |  |
| **Received by cheque no.** |  |
| **In the payment of my bill no.** |  | **Dated** |  |
| **Because of** |  |
| **Station signature** |  |
| **Designation** |  | **Date** |  |
| **Name to whom** |  |
| **Payment is to be made** |  |
| **Signature of the messenger**  |  |
|  |
| **Term condition**  |
|  |
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|  |  |  |  |  |  |  |  |
| Fax with solid fill | **[Fax]** |  | Speaker phone with solid fill | **[Phone no.]** |  | Internet with solid fill | **[Website]** |



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