



CRB-118-2

**YOUR COMPANY NAME**

Address  
CITY, STATE, ZIP CODE  
Phone Number

# CASH RECEIPT

Date \_\_\_\_\_

001001

Received From \_\_\_\_\_

Address \_\_\_\_\_

Dollars \$ \_\_\_\_\_

For \_\_\_\_\_

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER <input type="checkbox"/>		
			CREDIT CARD <input type="checkbox"/>		

By \_\_\_\_\_

CRB-118-2

**YOUR COMPANY NAME**

Address  
CITY, STATE, ZIP CODE  
Phone Number

# CASH RECEIPT

Date \_\_\_\_\_

001002

Received From \_\_\_\_\_

Address \_\_\_\_\_

Dollars \$ \_\_\_\_\_

For \_\_\_\_\_

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER <input type="checkbox"/>		
			CREDIT CARD <input type="checkbox"/>		

By \_\_\_\_\_

PRINTED IN U.S.A.

CRB-118-2

**YOUR COMPANY NAME**

Address  
CITY, STATE, ZIP CODE  
Phone Number

# CASH RECEIPT

Date \_\_\_\_\_

001003

Received From \_\_\_\_\_

Address \_\_\_\_\_

Dollars \$ \_\_\_\_\_

For \_\_\_\_\_

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER <input type="checkbox"/>		
			CREDIT CARD <input type="checkbox"/>		

By \_\_\_\_\_