

PAYMENT RECEIPT

Effective Date

Place

1. Parties

This document is made on _____ (_____) by:

Payee

Individual

Full Legal Name

SSN / ID

Doc Series

Address

Addressed to:

Payer

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Receipt Number

Amount Received

Payment For

Payment Date and Method

Balance Still Owed, if Any

3. EXECUTION & SIGNATURES

Payee

Signature

Full Legal Name

Date
