

[Company Name]

RECEIPT

Street Address City, ST ZIP Code

Date 3/9/2016
No.

Received From [Client Name] Amount \$78,765.00

Amount in words Seventy-Eight Thousand Seven Hundred Sixty-Five and NO/100 -----

Payment Purpose [payment purpose]
Duration [From] [To]

Date	Description	Amount	Payment	Balance
		\$ 500.00	\$ 250.00	\$ 250.00
			Total	\$ 250.00

Reminder: Please include the statement number on your check.

Terms: Balance due in 30 days.

REMITTANCE

Customer Name:	[Name]	Amount Due:	\$250.00
Date:	3/9/2016	Amount Enclosed:	

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