

		RECEIPT No. _____
Date: _____		
Amount Received: \$ _____	<input type="checkbox"/> Cash	
	<input type="checkbox"/> Check, No. _____	
	<input type="checkbox"/> Money Order, No. _____	
For: _____		
Money Received by: _____		

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Date: _____		
Amount Received: \$ _____	<input type="checkbox"/> Cash	
	<input type="checkbox"/> Check, No. _____	
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