

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



[Fax]



[Phone no.]



[Website]