RECEIPT			NO.	
Payee Name: Address: City, ST ZIP Code:		Payer Name: Address: City, ST ZIP Code:	le:	
DATE	DESCRIPTION		AMOUNT	
		SUBTOTAL		
		TAX		
		TOTAL		

RECEIPT			NO.
Payee Name: Address: City, ST ZIP Code:		Payer Name: Address: City, ST ZIP Code:	
DATE	DESCRIPTION		AMOUNT
		SUBTOTAL	
		TAX	
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RECEIPT			NO.
Payee Name: Address: City, ST ZIP Code:		Payer Name: Address: City, ST ZIP Code:	
DATE	DESCRIPTION		AMOUNT
		SUBTOTAL	
		TAX	
		TOTAL	