

| | |
|---------------------------|---|
| Date: _____ | RECEIPT No. _____ |
| 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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