

CASH RECEIPT	DATE: _____	RECEIPT NUMBER: _____
	RECEIVED FROM: _____	AMOUNT: <input style="width: 100px;" type="text"/>
	FOR PAYMENT OF: _____	
	PREVIOUS BALANCE: _____	<input type="checkbox"/> CASH
	AMOUNT PAID: _____	<input type="checkbox"/> CHECK CHECK NO.: _____
NEW BALANCE: _____	<input type="checkbox"/> MONEY ORDER MONEY ORDER NO.: _____	
RECEIVED BY: _____		

CASH RECEIPT	DATE: _____	RECEIPT NUMBER: _____
	RECEIVED FROM: _____	AMOUNT: <input style="width: 100px;" type="text"/>
	FOR PAYMENT OF: _____	
	PREVIOUS BALANCE: _____	<input type="checkbox"/> CASH
	AMOUNT PAID: _____	<input type="checkbox"/> CHECK CHECK NO.: _____
NEW BALANCE: _____	<input type="checkbox"/> MONEY ORDER MONEY ORDER NO.: _____	
RECEIVED BY: _____		

CASH RECEIPT	DATE: _____	RECEIPT NUMBER: _____
	RECEIVED FROM: _____	AMOUNT: <input style="width: 100px;" type="text"/>
	FOR PAYMENT OF: _____	
	PREVIOUS BALANCE: _____	<input type="checkbox"/> CASH
	AMOUNT PAID: _____	<input type="checkbox"/> CHECK CHECK NO.: _____
NEW BALANCE: _____	<input type="checkbox"/> MONEY ORDER MONEY ORDER NO.: _____	
RECEIVED BY: _____		