

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

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