

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

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

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