**Payment Confirmation Receipt Form**

### **PAYMENT CONFIRMATION**

**This document serves as a formal receipt for the payment received.**

### **PAYEE DETAILS**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **PAYMENT INFORMATION**

* **Invoice Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Payment: \_\_\_\_\_\_\_\_\_\_**
* **Payment Amount: $\_\_\_\_\_\_\_\_\_\_\_\_**
* **Payment Type: ☐ Full Payment ☐ Partial Payment**

**☐ I acknowledge that the payment has been processed and verified.**

### **SIGNATURES**

**Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**