

# Small Business Receipt Book Form

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Date: \_\_\_\_\_

Received From: \_\_\_\_\_

For Payment of: \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_

Payment Method:  Cash  Check  Credit Card  Bank Transfer

Fully Paid  Partially Paid

Balance Due (if any): \$ \_\_\_\_\_

Authorized By: \_\_\_\_\_

Signature: \_\_\_\_\_