

Date:		Receipt No.		
Payee Name: Address: City, State ZIP:		Payer Name: Address: City, State ZIP:		
Description			Amount	
			Subtotal	
			Tax/Tip	
			Total	
	Printed Name	Signature		
Witness 1				
Witness 2				

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			Subtotal	
			Tax/Tip	
			Total	
	Printed Name	Signature		
Witness 1				
Witness 2				

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