[Company Name]

Name: 
Address: 
Fax: 
Phone No: 
Website: 

Receipt No: 
Date: 

Received by cheque no 
From the: 
In the payment of my Bill No: 
Dated. 

On account of 
Station: 
Signature 
Date: 
Designation: 

Name to whom 

Payment is to be made 

Signature (or thumb impression of the messenger) 

Terms & Conditions: