

<b>Owner</b>			
<b>Date</b>			
<b>Receipt no:</b>			
<b>From</b>		<b>To</b>	
		<b>Received by</b>	
		<b>Amount to be received</b>	
		<b>Amount received</b>	
		<b>Balance due</b>	
		<b>Paid by</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money order <input type="checkbox"/> Other