

PAYMENT RECEIPT

This Payment Receipt Form ("Receipt") is made and entered into on the

_____ day of _____ ,
20 _____ , by and between the following parties:

1. Payee Information:

Name: _____

Address: _____

Phone: _____

Email: _____

2. Payer Information:

Name: _____

Address: _____

Phone: _____

Email: _____

3. Transaction Details:

Payment Amount: \$ _____

Payment Date: _____ day of

_____, 20 _____

Payment Method: _____

Description of Goods/Services: _____

4. Terms and Conditions:

a. Definitions: For the purposes of this Receipt, "Payee" refers to the party receiving payment, and "Payer" refers to the party making the payment.

b. Governing Law: This Receipt shall be governed by and construed in accordance with the laws of the State of _____ .

c. Severability: If any provision of this Receipt is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

d. Entire Agreement: This Receipt constitutes the entire agreement between the parties regarding the subject matter hereof and supersedes all prior agreements and understandings, whether written or oral.

e. Notices: Any notices required or permitted under this Receipt shall be in writing and shall be deemed delivered when delivered in person, sent by email, or mailed by certified mail, return receipt requested, to the addresses specified above.

f. Amendment: This Receipt may only be amended or modified by a written agreement signed by both parties.

g. Default and Remedies: In the event of a default by either party, the non-defaulting party shall have the right to pursue all legal remedies available under applicable law.

h. Jurisdiction: The parties agree that any legal action or proceeding arising out of or relating to this Receipt shall be brought exclusively in the courts of the State of _____ .

i. Termination: This Receipt may be terminated by mutual written consent of both parties or by

either party upon material breach by the other party, provided that written notice of such breach is given and the breach is not cured within thirty (30) days.

5. Signatures:

By signing below, the parties acknowledge that they have read and understood this Receipt and agree to be bound by its terms.

Payee:

Signature: _____

Date: _____

Print Name: _____

Payer:

Signature: _____

Date: _____

Print Name: _____

6. Witness:

Signature: _____

Date: _____

Print Name: _____

7. Notary Acknowledgment:

State of _____

County of _____

On this _____ day of

_____, 20 _____,

before me, a Notary Public in and for said state, personally appeared

_____, known to me or satisfactorily proven to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Signature: _____

Date: _____

Print Name: _____

Notary Public, State of _____

My Commission Expires: _____

This Receipt is executed as of the date first above written.