

Receipt (Full or Partial Payment) Form

BE IT KNOWN, that the undersigned hereby acknowledges receipt of the sum of
\$_____ paid by _____, which payment
constitutes _____ [indicate full or partial] payment of the below described
obligation: _____

If this is in partial payment of said obligation, the remaining unpaid balance on this date is
\$_____.

Signed this _____ day of _____, 20_____.

Witness