

# Receipt in Full

The undersigned acknowledges receipt of the sum of \$ \_\_\_\_\_ paid by  
\_\_\_\_\_ .

This payment constitutes full payment and satisfaction of the following obligation:

Dated \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Receiving Payment

\_\_\_\_\_  
Printed Name of Person Receiving Payment