

SAMPLE RECEIPT #1

Little Splashers Swim Program		
1515 Camp Street Amazing, NY 02345 123-456-7890 RECEIPT DATE: XX / XX / 20XX RECEIPT NO. # 3333	Attention: Mr. John Doe 1111 Somewhere Street Somewhere, NY 11111 Note: <i>For Jack Doe's swimming classes (from 02/01 – 05/31, 20XX)</i>	PAID
		Total
Description		
Session Tuition		\$ 1,200.00
Early Drop-off		\$ 50.00
Towels		\$ 25.00
Total Paid		\$ 1,275.00

SAMPLE RECEIPT #2

Little Splashers Swim Program 1515 Camp Street Amazing, NY 02345 123-456-7890	RECEIPT		No. 987654					
	Date XX / XX / 20XX							
	Received From: Mr. John Doe		\$ 1,275.00					
	Twelve hundred, Seventy-Five 00/100		Dollars					
	<input type="radio"/> For Rent							
	<input checked="" type="radio"/> For Jack Doe's swimming classes							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">ACCT.</td> <td style="width: 50px;"></td> </tr> <tr> <td style="padding: 2px;">PAID</td> <td style="text-align: center; padding: 2px;">✓</td> </tr> <tr> <td style="padding: 2px;">DUE</td> <td></td> </tr> </table>	ACCT.		PAID	✓	DUE		<input checked="" type="radio"/> CASH <input type="radio"/> CHECK <input type="radio"/> MONEY ORDER <input type="radio"/> CREDIT CARD	FROM 02/01 / 20xx TO 05/31 / 20xx BY <u>Provider's Signature</u>
ACCT.								
PAID	✓							
DUE								

Receipt info must contain:

- Receipt date and receipt number
- Provider's name, address and phone number
- Member's name
- Total amount paid
- Note indicating child's name
- Must indicate "Paid"
- Provider's signature (for receipt type #2)