| Equipment Rental Payme | ent Receipt | | |
|-------------------------------|--------------------|------|----------|
| Receipt Number: Date Issued: | | | |
| Received From: | | | |
| Address: | | | |
| Contact Number: | | | |
| Equipment Name / Description | Quantity | Rate | Subtotal |
| Total Amount Paid | | | |
| Remarks: | | | |
| Διι | thorized Signature | | |
| Au | anonzea orginature | | |