

Advance Payment Acknowledgment

Date: _____

Parties

Received From: _____

Received By: _____

Advance Payment Details

Amount: _____

Payment Method: _____

Purpose of Advance: _____

Date of Payment: _____

I hereby acknowledge receipt of the above-mentioned advance payment and agree to utilize the amount solely for the stated purpose. I understand and agree to settle any balances or return any unused funds in accordance with the agreement between both parties.

Signature of Recipient

Date: _____

Signature of Provider

Date: _____