

SAMPLE ONLY

Date:

Student Name

Joe Student

Social Security No.

000-00-0000

Check No.

321

Check Amount

\$ 1000.00

Credit Card Ref. No.

4000 0000 0000 0000

Amount Charged

\$ 200.00

Department or Purpose

tuition

FRS Account No.

999 999 9999

Department Approval

Joan Doe
Receipt Not Valid unless signed by a printed individual

Student's Signature

Joe Student

FOR CASH ONLY

Cash amount

\$

300.00

Payer's Name:

Joe Student

Payer's Address:

123 Oak St.

Richmond

Occupation, Profession

or Business:

student

Payer's SSN:

000-00-0000

Payer's Birthdate:

01/02/80

ID Source verified:

VA. Drivers License

ID Number:

000-00-0000

*Total payment - \$ 1500.00

CASHIER COPY

DEPARTMENT COPY

PAYER'S COPY

EXAMPLE