

GENERAL PAYMENT RECEIPT FORM

SUBMITTING PERSON: _____ DATE & INITIALS: _____

PAYOR: _____ TOTAL AMOUNT: _____

** This will be the primary description for potential refund purposes. **

GL ACCOUNT NUMBER(S) / PAYMENT CODE(S):	PROJECT #:	AMOUNT(S):
_____	_____	_____
_____	_____	_____
_____	_____	_____

RECEIPT #: _____ PAYMENT DESCRIPTION (OPTIONAL): _____

RETURN RECEIPT

(Y/N): _____

*Checks payable to: City of Thousand Oaks.
Submit completed form with tender to Finance Cashier.*



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