

Business Office Receipt

Date: _____

Student Name: _____ Amount Paid: _____

ID#: _____ Cash Check

- Purpose: ☐ Tuition Payment Term _____
- ☐ Returned Check Recovery Term _____
- ☐ Financial Aid Repayment
- ☐ Service Charge-Bad Check
- ☐ Collection Fees
- ☐ Community Service (CE) _____
- ☐ Other Receipts (Specify) _____
- _____
- _____
- _____

Signature

White Copy-Payee Canary Copy-Business Office Pink Copy-Record

Business Office Receipt

Date: _____

Student Name: _____ Amount Paid: _____

ID#: _____ Cash Check

- Purpose: ☐ Tuition Payment Term _____
- ☐ Returned Check Recovery Term _____
- ☐ Financial Aid Repayment
- ☐ Service Charge-Bad Check
- ☐ Collection Fees
- ☐ Community Service (CE) _____
- ☐ Other Receipts (Specify) _____
- _____
- _____
- _____

Signature

White Copy-Payee Canary Copy-Business Office Pink Copy-Record