**RECEIPT**

 Date……………………….…

I am (Mr./Mrs./Ms.)……………………………………………………………………….

Address...................................................................................................................................................

.................................................................................................................................................................

Received from the Faculty of Associated Medical Sciences, Chiang Mai University

for the following item(s). -

|  |  |
| --- | --- |
| Item(s) | Amount (BAHT) |
|  |  |  |
|  |  |  |
| Sum Amount |  | Sum Amount |
| (Text) | (BAHT) |

 (Signature)................................................. Receiver

 (..................................................)

 (Signature)................................................. Payer (Student)

 (..................................................)