**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)

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