

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 (Text)		Sum Amount (BAHT)

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

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

NOTE: A copy of the Citizen ID card/Passport verifying true copy of original is required

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