

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)	
Financial support for Ph.D. Academic Presentations. Student's Name..... Student ID No. Passport ID: Phone Number:			
Sum Amount (Text)		Sum Amount (BAHT)	

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

(.....)

(Signature)..... Treasurer

(.....)