

# School Receipt Book Form

Date: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Received From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Purpose of Payment: \_\_\_\_\_

Amount (in words): \_\_\_\_\_

Amount (in numbers): \$ \_\_\_\_\_

Tuition Fee  Library Fee  Lab Fee  Sports Fee

Other: \_\_\_\_\_

Payment Method:

Cash  Check (No: \_\_\_\_\_)  Bank Transfer  Credit/Debit Card

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_