

# GIFT RECEIPT

RECEIPT TYPE		RECEIPT NO:	
Paid by:		Paid to:	
DESCRIPTION		AMOUNT	
		SUBTOTAL	
		DISCOUNT(S)	
		TAX	
		TOTAL	
Date:	Received by:		

Faculty	
Location	
Date	
Amount/Currency of Payment:	
Paid to:	
For the following Services:	
REQUIRED SIGNATURES	
Signature of Recipient:	
Signature of Faculty Coordinator:	