FACULTY OF DENTISTRY CHULALONGKORN UNIVERSITY

HENRI - DUNANT ROAD , BANGKOK 10330, THAILAND

RECEIPT

DATE :.....

NAME :.....

ADDRESS : .....

TEL./MOBILE : .....

DESCRIPTION	AMOUNT
Total money at all	

TOTAL AMOUNT IN WORDS .....

COLLECTOR ..... CASHIER.....

( ) ( )

DATE..... DATE.....