

TEXAS A&M UNIVERSITY-CORPUS CHRISTI - GENERAL RECEIPT

LAST NAME: _____ FIRST NAME: _____
(Payee's Name or Department)

ACCOUNT NAME: _____ ACCOUNT NO: _____ / _____ / _____

PLAN: _____ AMOUNT: \$ _____
(Optional) Invoice #

COMMENTS: _____
(Optional)

PAYMENT TYPE: Cash Check Credit Card: (Mastercard / Discover / American Express)

CONTACT NAME: _____ CONTACT EXT: _____

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