**Receipt**

Issued by Mae Fah Luang University

Date…………………………………………………

Name …………………………………….Address…………………………………………………………………………….……….……………  
This is to confirm that I have received payment(s) for:

|  |  |  |
| --- | --- | --- |
| **List of Items** | **Amount (Baht)** | |
| Research Presentation or Publication Grant |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

|  |  |
| --- | --- |
| Amount (IN LETTER) |  |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Recipient

(……………………………………………........)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payer

(..................................................................)