KSU Education Abroad Vendor Receipt
This receipt should only be used for compensation for services provided that are $200 US dollars or less.

Receipt # ______________________

Provider Name: ________________________________________________________________

Date Service Provided: ___________________________________________________________

Description of Services Provided: __________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Amount Paid:____________________________________

By signing this receipt, I acknowledge that I am not employed by Kennesaw State University and will be responsible for all taxes, if applicable.

Signature: __________________________ Date: ____________________

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