



International Academic Relations Section  
Faculty of Veterinary Medicine, Mahakorn University of Technology  
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## CASH RECEIPT

Name \_\_\_\_\_ PASSPORT NO. \_\_\_\_\_

From \_\_\_\_\_

Period of Visiting \_\_\_\_\_

Purpose \_\_\_\_\_

No	Detail	Amount (THB)
1	Administration and management fee  *Money could be claim back only in case of cancellation from Kitasato University <b>Student or student's parent signature</b> _____	15,000
<b>TOTAL (FIFTEEN-THOUSAND BAHT)</b>		<b>15,000</b>

*I hereby certify that I have received the amount of money indicated above*

Date: \_\_\_\_\_

\_\_\_\_\_  
Dr.Thuchadaporn Chaikhun (DVM, MS)  
Assistant Dean for International Academic Relations  
Faculty of Veterinary Medicine  
Mahanakorn University of Technology