



SLCC Radiologic Technology

Payment Transmittal Form

Student: Please take this form to the Cashier's office and bring your receipt and this form back to your instructor.

Student Name: _____ Student ID#: S _____ Date: _____
Health Professions Division – Radiologic Technology Program

Cashier: please post this payment as follows and provide the student a receipt:

Banner Memo: Replace Badge - _____ Fee: **\$30.00** Index: **15048** Account: **73020**
(Student's Last Name, First Initial)

Cashier Signature: _____



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