

## 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:	Date:	
Health Profess	sions Division – Radiologic T	echnology Pro	gram		
Cashier: please post this payment as follows	and provide the student a	receipt:			
Banner Memo: Replace Badge	's Last Name, First Initial)	Fee: <b>\$30.00</b>	Index: <b>15048</b>	<u>Account</u> : <b>73020</b>	
Cashier Signature:					
Salt Lake Community College					
College Payment Transmittal Form					
Student: Please take this form to the Cashie	r's office and bring your rec	eipt and this fo	orm back to your	instructor.	
Student Name:	Student ID#: S_ sions Division – Radiologic T				
Cashier: please post this payment as follows	and provide the student a	receipt:			
Banner Memo: Replace Badge(Student	's Last Name, First Initial)	Fee: <b>\$30.00</b>	<u>Index</u> : <b>15048</b>	<u>Account</u> : <b>73020</b>	
Cashier Signature:					
Salt Lake Community College	SLCC Radiologic	c Techno			
Student: Please take this form to the Cashie	r's office and bring your rec	eipt and this fo	orm back to your	instructor.	
Student Name:	Student ID#: S_ sions Division – Radiologic T	echnology Pro	Date: gram		
Cashier: please post this payment as follows	and provide the student a	receipt:			
Banner Memo: Replace Badge	's Last Name, First Initial)	Fee: <b>\$30.00</b>	<u>Index</u> : <b>15048</b>	<u>Account</u> : <b>73020</b>	
Cashier Signature:					