

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: \$30.00	Index: 15048	<u>Account</u> : 73020	
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: \$30.00	<u>Index</u> : 15048	<u>Account</u> : 73020	
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