



# WASHTENAW COMMUNITY COLLEGE

4800 East Huron Rive Drive • Ann Arbor, Michigan 48105-4800 • (734) 973-3640 **Financial Services**

## RECEIPT REQUEST

Is this request For tax purposes?\_\_\_\_ Reimbursement from an employer?\_\_\_\_  
For personal records?\_\_\_\_ Other\_\_\_\_\_

Are you requesting Duplicate Receipts of Payment\_\_\_\_ Invoice/Schedule Bills\_\_\_\_\_

Your Name:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_

State/Zip Code:\_\_\_\_\_

Social Security/ Student ID #:\_\_\_\_\_ Phone #:\_\_\_\_\_

VERIFY PAYMENT FOR: (List Semester **AND** Year)

_____	_____	_____	_____
Semester/Year	Semester/Year	Semester/Year	Semester/Year

Would you like this receipt to be Mailed?\_\_\_\_ (Please be sure that your address is updated with the Student Records Office.) **OR** Picked-Up\_\_\_\_\_

Any other specific instructions, please explain:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please allow at least one week for processing.  
Thank you!