



Customer Receipt Confirmation

Division of Controller, Accounts Receivable Unit
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 3202, Rockville, Maryland 20850
E-mail: Billing@mcpsmd.org

MCPS Form 275-8
January 2017

INSTRUCTIONS: To be completed by MCPS personnel upon receipt of cash or checks by external customers.

Cash or check(s) described below were received from:

Name _____ Phone No. _____-_____-_____

Address _____
Street City State ZIP Code

PURPOSE OF PAYMENT

PAYMENT TYPE

Check or Money Order # _____ Cash Total Received \$ _____

Signature, Received By _____ Date ____/____/____

DISTRIBUTION: COPY 1/External Customer; COPY 2/School/Office



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