



Maryland Student Legislature

Receipt

TO: (Field: Name), Delegation Chairperson, (Field: School Name)
FROM: Kathleen Gipprich, Comptroller
DATE:
SUBJECT: RECEIPT

Mr. (Field: Last Name):

Thank you for paying (Field: School Name)'s (Field: Item).

(Field: School Name)

(Field: School Address)

(Field: School City), MD (Field: School Zip)

Check #:

Amount:

Date of Check:

If you have any questions or concerns please contact me at your earliest convenience.

Thank you,

Kathleen Gipprich

E-mail: comptroller@msl.org

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