Request for Certificate of Receipt

			Applica	tion Date :	1 1
				Y	ear / Month / Day
То І	Director of Financial Accounting O	ffice, Kyoto In	stitute of Tech	nology	
			[Appl	icant Information	n]
		S	Student ID :		
		1	Full Name :		
			TEL:		
I he	reby apply for following certifica	te.			
1.	Content of Payment				
	\square : Tuition Fee (FY: , Semester: \square First \square Second)				
	□ : Admission Fee (Examinee ID :				
2.	Purpose of Receipt				
	□ : Proof of delivery to destination for scholarship				
	: Submitted to the place of employment for				
	□ : Proof to the bank for the education trust fund donation				
	□ : To apply for tax return				
	\Box : Other ()	
3.	Certificate Language				
	□ : Japanese				
	\Box : English				
4.	How to receive				
•	□ : Pick up at Cash Flow Management Financial Accounting Office (We will contact you				
	as soon as it is ready.)				
	· ·				
	□ : Sending by mail (Please submit a 460-yen stamped, long 3 envelope with your				
	name, postal code, and address along with this form.)				
<u></u>	he following is written by the sta				 寺学生証確認
					1 1 TYHINIMBE
z • \ / ¹[·	□: □座振替	課長	副課長	出納係	受領印
	□: 振込用紙			<u> </u>	
	□: マイペイメント				