**Post Doc Research Fellow Application fee - Payment Receipt**

**SOM Office of Research**

**customer account # 50000096 – CRU**

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| **Applicant’s name:**  |       |
| **applicant’s lau id number (if applicable)** |       |
| **applying for academic year:**  |       |
| **amount paid\*:** |       |
| **date:** |       |
| **amount Received by:** |  |
| **Authorized signature/stamp:** |  |

\* The fee for the Post-Doctoral Research Fellowship application is 300,000 LL or 200 USD.