



LAU

**Gilbert and Rose-Marie Chagoury
School of Medicine**

POST DOC RESEARCH FELLOW APPLICATION FEE - PAYMENT RECEIPT

SOM OFFICE OF RESEARCH

CUSTOMER ACCOUNT # 50000096 – CRU

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 75 USD.