Dissertation/Thesis Binding Expense Receipt
Graduate School of Biomedical Sciences
Baylor College of Medicine

<table>
<thead>
<tr>
<th>Binding per copy:</th>
<th>$12.75 x ____ # of books bound</th>
<th>$ _____</th>
</tr>
</thead>
</table>

Front cover lettering per line: Note: 45 characters including spaces = 1 line

______ # lines in title + 2 lines = ______ total title lines

______ title lines X ____ # bound books = ____ total lines x $2.25

Total Amount due for binding: $ _____

Amount Paid: $__________

Paid by: □ Exact Cash □ Money Order □ Check

Graduate’s Name: _____________________________ Date Paid: ____________

BCM ID#: __________________________________

Graduate’s Email Address: ______________________

Graduate’s Phone Number: ______________________

Student: □ M.S. □ Ph.D. □ M.D./Ph.D.

Received by: Leslie A. Coward, Ph.D.
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N204D, 713/798-4475

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