

Texas Health and Human Services Commission (HHSC)

Date

Subject to collection, this acknowledges receipt of.....

Subject to verification, this leaves a balance of.....

Credit to the account of:	SSN or PIN
Account No.	Month/Day/Year
Next Payment Due:	

Received From:

For HHSC Staff only, Disposition To:

Fiscal, State Office Specify: _____

Regional Budget Office **Other:** _____

For _____

Type Case	Dept.	Program
Case No.	Add'l No.	
Type Payment	Check/M.O. No.	
Received By		
Employee ID	Telephone No.	
City	Mail Code	

Comisión de Salud y Servicios Humanos (HHSC) de Texas

Fecha

Sujeto a cobro, esto es un acuse de recibo de

Sujeto a verificación, esto deja un saldo de

Crédito a la cuenta de:		SSN o PIN
Núm. de cuenta	Fecha límite del próximo pago:	Mes/Día/Año

Recibido De:

For HHSC Staff Only/ Solo para el personal del HHSC

Disposition To:

Fiscal, State Office Specify:

Regional Budget Office **Other:**

For

Type Case	Dept.	Program
Case No.	Add'l No.	
Type Payment	Check/M.O. No.	
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