**-Receipt-**

**Amount** SAR  **Date**

Name of Beneficiary: Inside the Kingdom

Outside the Kingdom

National ID Number: Univ. ID Number:

Academic Rank: City: Employer:

Name of the Budget Item:

Check Number: Cash: Telex Transfer: Months Participated Monthly Payment Total Amount SAR

Period: From to

Role of Beneficiary in the Project:

Signature of the Beneficiary

**To be filled and approved by the**

**Principal Investigator**

Name of the Principal Investigator: Univ. ID Number:

Project Number: Phone number:

Signature Date: