FORM FRESCRIBED BY STATE BOARD OF ACCOUNTS					GE	NERAL FURM	NO. 352 (REV. 1997)
	F	RECEIF	PΤ				
Name	of UNIT, AGE	NCY, BOAR	DOR DEP	ARTMENT		-	
				NO.			_
	Payment Type and Amount						
,IN	Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other	
	-						
RECEIVED FROM							\$
THE SUM OF							DOLLARS
ON ACCOUNT OF						100	
ON NOOCON CO					- Eg/	*	
AUTHORIZED SIGNATURE							