

**DEPARTMENT OF HEALTH and MENTAL HYGIENE  
REGISTRATION PAYMENT REQUEST**

**TO:** Cash Receipts Section  
Division of General Accounting  
201 West Preston Street (Across from Room 537)  
Baltimore MD 21201

**Date:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **Fiscal Officer Approval:** \_\_\_\_\_

**SUBJ: Registration Payment Request**

\*\*\*\*\*

**Employee's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Date of Travel:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Thru** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Location:** \_\_\_\_\_

**PCA Code:** \_\_\_\_\_ **AGYOBJ/ITEM:** \_\_\_\_\_

**Destination:** \_\_\_\_\_ **Out of State Request #** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**REGISTRATION INFORMATION**

**Deadline:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_

**Make Check Payable To:** \_\_\_\_\_

**Mail Check To:**

**Name/ATTN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**NOTE: ATTACH ORIGINAL APPLICATION FORM & ADDRESSED ENVELOPE.**

**Special Instructions:** \_\_\_\_\_