



SOCIAL SECURITY ADMINISTRATION
MANUAL RECEIPT

We acknowledge receipt of the following payment:

Print Entries – Press Firmly

No. **U**

DATE	NAME OF BENEFICIARY/RECIPIENT (FIRST, LAST)			SOCIAL SECURITY NUMBER			BIC
CHECK OR MONEY ORDER NUMBER	CASH	AMOUNT	NAME OF REMITTER	DATE OF CHECK OR M.O.	REASON FOR PAYMENT		PROGRAMS
					<input type="checkbox"/> O/P	<input type="checkbox"/> PREM.	<input type="checkbox"/> SMI <input type="checkbox"/> DI
					<input type="checkbox"/> RTD CK	<input type="checkbox"/> FEE	<input type="checkbox"/> RSI <input type="checkbox"/> OTH
					<input type="checkbox"/> ANN. RPT.	<input type="checkbox"/> OTH	<input type="checkbox"/> SSI
REMARKS:				RECEIVED BY			TITLE
				FIELD OFFICE			