

TEXAS A&M UNIVERSITY - KINGSVILLE

CERTIFICATION OF SERVICES RENDERED

Date:

I _____ do hereby certify that the following service,

_____ and such service was completed on _____. I further certify that the amount of _____ is due for such service, and this amount is true, correct and unpaid.

Signature _____

Social Security Number

Date

Mailing Address

City

State

Zip