Texas Health and Human Services Commission

Date/Fecha

Subject to collection, this acknowledges receipt of
Sujeto a cobro, esto acusa recibo de..... $

Subject to verification, this leaves a balance of
Sujeto a verificación, queda un saldo de..... $

Credit to the account of:/Abónese a la cuenta de:	**SSN or PIN**
Account No./Núm. de cuenta	**Next Payment Due:** El Próximo Pago Vence el: ➔ **Month/Day/Year/Mes/Día/Año**

RECEIVED FROM: / SE RECIBIO DE:

Disposition To:

☐ **Fiscal, State Office**

☐ **Regional Budget Office** ☐ **Other:** ➔ Specify:

For		
Type Case	R/D	PAC
Case No.	Add'l No.	
Type Payment	Check/M.O. No.	
Received By		
BJN	Telephone No.	
City	Mail Code	

Form H4100/January 1991