

**SAFE FOOD HANDLERS CORPORATION**  
**Student Payment Information**

Class City \_\_\_\_\_

Class Date \_\_\_\_\_

Instructor Name \_\_\_\_\_

	Student Name	Company COID	Type Payment Check/Cash/MO	Check #	Amount Collected
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					