Yale Summer Session

Center for International & Professional Experience 55 Whitney Ave., 3rd Floor New Haven, Connecticut 06510 Telephone: 203 432-8685

	The same of the contract of th	Fax: 203	432-8006		
Date of service performed					
	RECEIPT FOR SERVICES		Name of person performing the service		
Date: 7/22/18					
This is to certify that I,	es O'Riordon	have re	ceived the		
following amount from Yale Summer	Session: 150 4	=	The amo	unt paid for the se	rvice
For the following service(s): Performing Zombie for the class			,		
				Full and complete description of service	
					l
Country Services Preformed In:	Ireland	Country whe	re the serv	ice took place	
Signature of Service Provider					
De Sala	Signature of service	person perforn	ning the	,	