

[Educational Institute Name]

[Address Line 1], [City], [State] [ZIP]
Phone: [Institute Phone] | Email: [Institute Email]

Tuition Acknowledgement Receipt

Receipt No: _____

Date: _____

Student Name: _____

Student ID: _____

Course/Program: _____

Academic Year: _____

Fee Details

Description	Amount
Tuition Fee	_____
Laboratory Fee	_____
Library Fee	_____
Other (Specify)	_____
Total Paid	_____

Payment Method: _____

Remarks: _____

Authorized Signature

(Name & Designation)

Note: This is an acknowledgement that the above fee amount has been received.
Please retain this receipt for future reference.