

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## TUITION REMITTANCE RECEIPT

Student Name

\_\_\_\_\_

Student ID

\_\_\_\_\_

Class/Grade

\_\_\_\_\_

Parent/Guardian Name

\_\_\_\_\_

Contact Number

\_\_\_\_\_

Payment Method

\_\_\_\_\_

Description	Term/Month	Amount
Total Paid		

Amount in Words

\_\_\_\_\_

Remarks

\_\_\_\_\_

Received By:

\_\_\_\_\_

Date  
Authorized Signature:

\_\_\_\_\_

Date