

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## TUITION REMITTANCE RECEIPT

**Student Name**

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**Student ID**

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**Class/Grade**

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**Parent/Guardian Name**

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**Contact Number**

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**Payment Method**

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Description	Term/Month	Amount
<b>Total Paid</b>		

**Amount in Words**

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**Remarks**

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Received By:

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Date  
Authorized Signature:

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Date