

University Name
Address Line 1
Address Line 2
Phone: (xxx) xxx-xxxx
Logo



FEE PAYMENT RECEIPT

Receipt Number	:	_____
Date of Payment	:	_____
Student Name	:	_____
Student ID	:	_____
Course / Program	:	_____
Semester / Year	:	_____

Description	Amount
Tuition Fee	_____
Library Fee	_____
Examination Fee	_____
Other Charges	_____
Total Paid	_____

Date: _____

Authorized Signature
