

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