

RECEIPT

Receipt No: _____

Date: _____

Payment Method: _____

STUDENT INFORMATION

Student Name: _____

Student ID: _____

Email: _____

Phone: _____

BILLING DETAILS

Card/Account: _____

Transaction ID: _____

Billing Address: _____

Course / Training Description	Access Period	Hours	Unit Price	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal _____

Discount _____

Tax / VAT _____

Total Paid _____

AUTHORIZED SIGNATURE

STUDENT SIGNATURE

