# 缴费通知书

沈灵烽

3205010120220506082352

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **公证事项** | **费用类型** | **应收金额** | | |
| 文本相符 | 公证费 | | 120.00 | |
| 总计： 120.00 | | | | |
| 公证人: | | | |  |