Payment Receipt



Bill No: INLBN0000001

Date: 2024-07-29 Time: 16:05:09

Bill To:

Employee Name Employee Phone Employee Email Ship To:

Student Name 1234567890 student@mail.com

Item & Description

Course Fee

Qty Rate Amount

1.00 \$1000 \$1000

Sub Total: \$1000.00

Tax Rate: 5.00%

Total: \$1050.00

Balance Due: \$1050.00