



PAY-3

NAME OF THE SCHOOL

School address goes here

City, State, Zip code

Tel: 122-455-7788 | Fax: 444-555-6666

Email: example@email.com

Office\_Copy

STUDENT PAYMENT VOUCHER

STUDENT INFORMATION

Id: STU-1 | Name: MD. AKTER HOSSAIN | Class: Nine | Section: A | Major: Science

PAYMENT INFORMATION

#SL	Payment Of	Payment Amount
1	Admission Form Fee	121
2	Admission Fee	12
3	Monthly Fee	1
4	Semester Fee	124
5	Yearly Fee	2
6	ID/Batch Fee	42
7	Uniform Fee	24
8	Scout Fee	42
9	Sports Fee	42
10	Penalty Fee	12
11	Picnic Fee	2
12	Study Tour Fee	42
13	Ceremony Fee	42
14	Transfer Fee	24
15	Exam Fee	42
16	Exam Center Fee	74
17	Board Fee	86
18	Character Certificate Fee	42
19	Transfer Certificate Fee	425
20	Transcripts Fee	4
21	Main Certificate Fee	48

Total Amount = 1252.0 taka.

(MD. MIZAN)

(MD. AKTER HOSSAIN)



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