

FEDERAL NEURO-PSYCHIATRIC HOSPITAL YABA - 1000034



Payment Receipt

Generated on 07/06/2019

Remita Retrieval Reference (RRR)

2903-0619-5133

PAYER INFORMATION

NAME	ALAYO
EMAIL	smdnigeria@gmail.com
PHONE NUMBER	2348023266883

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGES (NGN)	VAT (NGN)	TOTAL (NGN)
07/06/2019	290306195133	PATIENT CARE REVOLVING FUND	50,000.00	157.50	0.00	50,157.50
TOTAL PAID			50,000.00	157.50	0.00	50,157.50
TOTAL INVOICE AMOUNT						50,157.50
BALANCE DUE						0.00

BILLER-REQUIRED INFORMATION

ITEM	DESCRIPTION
Description	NEPA BILL Alayo TILL MAY

PAYMENT CHANNEL INFORMATION

PAYMENT CHANNEL	AUTHORIZATION REF.
GTB - INTERNET BANKING	