

# Invoice

**Payment: Payment 123**  
**Invoice #: 1234567**  
**Invoice Date: 2024-01-10**  
**Student: Testing 43434**  
**Program: Infant Care Program**



Pink Tower

37, Jalan Test,  
34/5A, Testing,  
47660 Puchong,  
Selangor

#

**1234567**

Fee Description

**First payment**

Amount

**RM 1000.0**

**Subtotal:**  
**GST (0%):**  
**Total:**

**1000.0**  
**60.0**  
**1060.0**