

BAMIDELE OLUMILUA UNIVERSITY OF EDUCATION, SCIENCE AND TECHNOLOGY

Payment Receipt

Generated on 30/04/2025



Remita Retrieval Reference (RRR)

2212-4849-4473

PAYER INFORMATION

NAME	BOLAJI OLALEKAN OLAMIDE
EMAIL	olalekanpaul20@gmail.com
PHONE NUMBER	2348147177291

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGE (NGN)	VAT on Charges (NGN)	TOTAL (NGN)
30/04/2025	221248494473	BOUESTI HEALTH CENTRE IGR	1,000.00	100.00	7.50	1,107.50
TOTAL PAID			1,000.00	100.00	7.50	1,107.50
TOTAL AMOUNT						1,107.50
BALANCE DUE						0.00

BILLER-REQUIRED INFORMATION

PAYMENT CHANNEL INFORMATION

PAYMENT CHANNEL	MASKED CARD PAN	AUTHORIZATION REF.	CARD SCHEME
CARD PAYMENT		16362365600 - 09040525043004463680747630 7171	

PAYMENT CHANNEL INFORMATION