

## Payment Receipt

**Student name:**Tom      **Payment**  
**Student ID:**5299      **Date:**2023-03-27  
**Class name:**Three West      **Paid Amount:**6000  
**Remarks:**fee

### Payment Summary

1 Fee Details		Payment Details	
		Date	Amount
		72023-04-17	500
		82023-04-17	6000
		92023-03-27	6000
2Fee Type	Amount	Total 12500	
3dental clinic	450	11Total Payable Fee 5450	
4tuition	5000		
Total 5450		12Total Paid	12500
		13Balance	-7050