

FEDERAL UNIVERSITY OF HEALTH SCIENCES OTUKPO



Payment Receipt
Generated on: 24/09/2021

Remita Retrieval Reference (RRR)
3505-4753-3329

PAYER INFORMATION

NAME **OCHEIGA NGBEDE VICTOR**
EMAIL **ocheigavictor0@gmail.com**
PHONE NUMBER **23407051164483**

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGE (NGN)	VAT on Charges (NGN)	TOTAL (NGN)
14/09/2021	350547533329	STUDENT CHARGES	20,000.00	150.00	11.25	20,161.25
		TOTAL PAID	20,000.00	150.00	11.25	20,161.25
		TOTAL AMOUNT				20,161.25
		BALANCE DUE				0.00

BILLER-REQUIRED INFORMATION

ITEM	DESCRIPTION
Description	Acceptance fee

PAYMENT CHANNEL INFORMATION

BANK NAME	BRANCH	BANK TELLER	DEPOSIT SLIP No.
UBA PLC	0595 - KOFO RIDUA, WUSE ZONE 5, ABUJA	OGUCHE ENYO-OJO	514735

PAYMENT CHANNEL INFORMATION