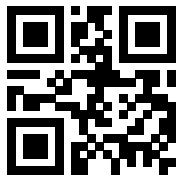


INVOICE

Your application invoice details



To:
ID: 20230418103636
Issued Date: 2023-04-18 10:50:25
status: Paid

#	Main Credentials	Quantity	Total
1	Educational Credential	1	\$65
2	Transcript of Records Credential	1	
3	Health License Credential	1	

Main Cost: \$65

Additional Cost: \$0

Total Amount: \$65
