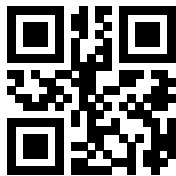


INVOICE

Your application invoice details



To: Abdalla Marashdih
ID: 20230420163519
Issued Date: 2023-04-20 17:06:33
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
