

Schomed Indonesia®

Kantor Pusat : Nusa Harapan Permai B10/4, Tamalanrea
Cabang : Jl. Abdullah dg Sirua, SPBU Abdesir
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001

Statement #: 001

Date: April 17, 2017

Customer ID: B 17 001

Bill To: Name

Ayu Octavia Melu

Company Name

SMAN 3 Gorontalo

Street Address

Perumahan Komp. Unhas Antang, Jl. Mipa 2 No. 7

Address 2

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City, ST ZIP Code Makassar

Date	Type	Invoice #	Description	Amount	Payment	Balance
4/4/2017	Registrasi	Administrasi	Biaya Administrasi dibayarkan sekali seumur hidup	1 Orang	Rp 100,000.00	Rp 100,000.00
4/17/2017	Intensif	Kelas SBMPTN	Kelas persiapan Ujian Masuk Perguruan Tinggi	40 Pertemuan	Rp 4,600,000.00	Rp 4,600,000.00
					Total	Rp 4,700,000.00

Reminder: Please include the statement number on your check.

Terms: Balance due in 30 days.

REMITTANCE

Customer Name: Ayu Octavia Mule

Customer ID: B 17 001

Statement #: 001

Date: April 17, 2017

Amount Due: Rp4,700,000.00

Amount Enclosed: Rp0.00



Pembayaran bisa ditransfer via rekening :

Bank Mandiri : No. 174-00-0032697-5 a.n. AWAL SAFAR

Bank BNI : No. 0264189574 a.n. AWAL SAFAR M

Bank BRI : No. 4987-01-011548-53-6 a.n. AWAL SAFAR