[Institute Name]

[Address]

[Email]

[Phone Number]

**Fee Receipt Template**

Add Logo



|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Receipt Number |  | | | | Date | | |  |
| Student Name | |  | | | | | | |
| Father Name | |  | | Registration No | | |  | |
| Father Name | |  | | | | | | |
| Section | |  | |  | |  | | |
| Fee Details | | | | | | Amount | | |
|  | | | | | |  | | |
|  | | | | | |  | | |
| Total | | | | | |  | | |
| Five Thousand Dollars Only. | | | | | | | | |
| Authorized Signature | | |  | | | | | |

