

# CENTRAL HOSPITAL UGHELLI

Application Fee Payment Receipt

Generated on 11/12/2025

Remita Retrieval Reference (RRR)

## 33024358198088

### PAYER INFORMATION

NAME	MILLER EMMANUEL EDOAGHOGHO
COURSE OF STUDY	PHARMACY
PHONE NUMBER	+2348038357252

### PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGES (NGN)	VAT (NGN)	TOTAL (NGN)
11/12/2025	3302435819986	INTERNSHIP APPLICATION FEE	12,000.00	00.00	500.00	12,500.00
			0.00	0.00	0.00	0.00
TOTAL PAID			12,000.00	0.00	500.00	#12,500.00
TOTAL INVOICE AMOUNT						#12,500.00
BALANCE DUE						0.00

### PAYMENT CHANNEL INFORMATION

PAYMENT CHANNEL

AUTHORIZATION REF.:

6678115AUL517768090998

CASH PAYMENT

BURSARY DEPARTMENT