

FEDERAL UNIVERSITY MEDICINE AND MEDICAL SCIENCES ABEOKUTA

Application Fee Payment Receipt

Generated on 27/01/2026

Remita Retrieval Reference (RRR)

33024358198088

PAYER INFORMATION

NAME	SHOLA IVBARUE FAVOUR TEMISAM
EMAIL	Raphamachem@ahoo.com
PHONE NUMBER	+2348037249440

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGES (NGN)	VAT (NGN)	TOTAL (NGN)
27/01/2026	3302435819986	REGISTRATION FEE	38,000.00	00.00	500.00	38,500.00
			0.00	0.00	0.00	0.00
TOTAL PAID			38,000.00	0.00	500.00	#38,500.00
TOTAL INVOICE AMOUNT						#38,500.00
BALANCE DUE						0.00

PAYMENT CHANNEL INFORMATION

PAYMENT CHANNEL

AUTHORIZATION REF.:

6678115AUL517768090998

CASH PAYMENT

BURSARY DEPARTMENT