MEDICAL REHABILITATION THERAPHY BOARD - 052101500100

Payment Receipt

Generated on 26/12/2023

Remita Retrieval Reference (RRR)

1109-6170-9340

PAYER INFORMATION

NAME	AFOLAMI MODUPE OLUWABORI
EMAIL	afolamimodupeoluwabori@gmail.com
PHONE NUMBER	23408102931028

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGE (NGN)	VAT on Charges (NGN)	TOTAL (NGN)
26/12/2023	110961709340	LICENSE FEE	13,000.00	150.00	11.25	13,161.25
		TOTAL PAID	13,000.00	150.00	11.25	13,161.25
		TOTAL AMOUNT				13,161.25
		BALANCE DUE				0.00

BILLER-REQUIRED INFORMATION

ITEM	DESCRIPTION
Description	2024 License
Description	2024 License

PAYMENT CHANNEL INFORMATION

PAYMENT CHANNEL	MASKED CARD PAN	AUTHORIZATION REF.	CARD SCHEME
CARD PAYMENT		12612925612 - null	

PAYMENT CHANNEL INFORMATION

Valid only upon verification at www.remita.net
MEDICAL REHABILITATION THERAPHY BOARD - 052101500100