

School Official Receipt Form

Institution Details

- School Name: _____
- Address: _____
- Phone Number: _____
- Receipt Number: _____
- Date: _____

Payer Details

- Name of Payer: _____
- Relation to Student: _____
- Contact Number: _____

Payment Breakdown

Particulars	Amount	Mode of Payment	Balance Due
Tuition Fees			
Exam Fees			
Library Fees			
Hostel Fees			
Miscellaneous			
Total			

Payment Mode

- Cash

- **Credit Card**
- **Bank Transfer**
- **Check**

Authorized Signatures

- **Signature of School Accountant:** _____
- **Date:** _____
- **Signature of Parent/Guardian:** _____