MEDICAL LAB. SCIENCE COUNCIL OF NIGERIA, YABA. - 052103400100

Payment Receipt

Generated on 28/03/2021

Remita Retrieval Reference (RRR)

3504-7278-2710

PAYER INFORMATION

NAME	ADEGBOYE JOSEPH BABATUNDE
EMAIL	joebabatunde@gmail.com
PHONE NUMBER	234 802 275 8850

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGE (NGN)	VAT on Charges (NGN)	TOTAL (NGN)
28/03/2021	350472782710	ANNUAL PRACTICE FEE	8,000.00	190.00	14.25	8,204.25
		TOTAL PAID	8,000.00	190.00	14.25	8,204.25
		TOTAL AMOUNT				8,204.25
		BALANCE DUE				0.00

Being payment in respect of ANNUAL PRACTICE FEE

ITEM	QUANTITY	UNIT PRICE (NGN)	AMOUNT (NGN)
6 - 10 Years Post Qualification	1	8,000.00	8,000.00
	Charges		190.00
	VAT On Charges		14.25
	TOTAL		8,204.25

BILLER-REQUIRED INFORMATION

ITEM	DESCRIPTION
Description	2021 license renewal
Laboratory Id (Pml No.)	Private Hospital facility

ITEM	DESCRIPTION
Practitioner Id (Ra No./Rf No./Mlt No.Mla No.)	RA No. 19039
Student Index Id (Rs No.)	NA

PAYMENT CHANNEL INFORMATION

PAYMENT CHANNEL	AUTHORIZATION REF.
CARD PAYMENT	7434306169 -