

# EXAM INVOICE

University Admissions Office  
123 Education Lane  
Academic City, ST 12345

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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## Candidate Information

Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Exam Details

Session: \_\_\_\_\_  
Center: \_\_\_\_\_  
Reference: \_\_\_\_\_

Description	Subject Code	Quantity	Unit Price	Amount
Entrance Examination Fee	_____	1	\$	\$
Processing & Admin Fee	N/A	1	\$	\$
Late Registration Surcharge	N/A		\$	\$

Subtotal: \$ \_\_\_\_\_  
Tax (0%): \$ 0.00  
Total Amount: \$ \_\_\_\_\_

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**Payment Instructions**

Please make checks payable to "The Registrar". Bank transfers should include the Invoice Number as a reference. All fees are non-refundable once the examination permit is issued.