

BUKTI PEMBAYARAN (PAYMENT RECEIPT)

Kuitansi No. (Receipt No.):

INV-20260605-1780627735868-596

Tgl. Pembayaran (Payment Date):

01 January 0001

Diterima Dari:

Received From:

Nama (Name) : RINA SOVIANA

Alamat (Address) : APOTEK LABORA JAYA
TAMAN SEMANAN INDAH
BLOK H NO. 6

Telepon (Phone) : 6285717442225

Email :

Detail Pembayaran (Payment Details):

No	Deskripsi	Qty	Harga	Potongan	Subtotal
1	MCU CARDIO RISK	1	Rp450.000	Rp125.000	Rp325.000
Total					Rp450.000
Diskon					- Rp125.000
Grand Total					Rp325.000

Metode Pembayaran:

Payment Method:

Nomor Akun (Account Number):

Nama Akun (Account Name):

Tanggal Transfer (Transfer Date):

05 June 2026

Waktu (Time):

09:48 (WIB)

Catatan:

Pembayaran telah diterima penuh dan tidak dapat dikembalikan. Harap simpan struk ini untuk arsip Anda.

Notes:

Payment has been received in full and is non-refundable.
Please keep this receipt for your records.

**Diterima Oleh:
Received By:**

Sheren Delfina
Finance Staff