

BUKTI PEMBAYARAN (PAYMENT RECEIPT)

Kuitansi No. (Receipt No.):

INV-20260706-1783311606407-366

Tgl. Pembayaran (Payment Date):

01 January 0001

Diterima Dari:

Received From:

Nama (Name) : MUSTOFIYAH BINTI
PARIYONO

Alamat (Address) : KE KLINIK GANDARIA

Telepon (Phone) : 6594602330

Email :

Detail Pembayaran (Payment Details):

No	Deskripsi	Qty	Harga	Potongan	Subtotal
1	MCU METABO CHECK COMPLETE	1	Rp750.000	Rp250.000	Rp500.000
Total					Rp750.000
Diskon					- Rp250.000
Grand Total					Rp500.000

Metode Pembayaran:

Payment Method:

Nomor Akun (Account Number):

Nama Akun (Account Name):

Tanggal Transfer (Transfer Date):

06 July 2026

Waktu (Time):

11:20 (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