

BUKTI PEMBAYARAN (PAYMENT RECEIPT)

Kuitansi No. (Receipt No.):

INV-20251020-1760960806290-858

Tgl. Pembayaran (Payment Date):

20 October 2025

Diterima Dari:

Received From:

Nama (Name) : SHEREN DELFINA

Alamat (Address) : Jl. Limo No.6/45

Telepon (Phone) : 6282177670678

Email : sherendelfina87@gmail.com

Detail Pembayaran (Payment Details):

No	Deskripsi (Description)	Jumlah (Amount)
1	CardioHealth Advance	Rp225.000
Total Pembayaran (Total Payment)		Rp225.000

Metode Pembayaran:

Payment Method:

Bank Transfer

Nomor Akun (Account Number):

Nama Akun (Account Name):

Tanggal Transfer (Transfer Date):

20 October 2025

Waktu (Time):

18:46 (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