

BUKTI PEMBAYARAN (PAYMENT RECEIPT)

Kuitansi No. (Receipt No.):

INV-20260302-1772438187025-927

Tgl. Pembayaran (Payment Date):

02 March 2026

Diterima Dari:

Received From:

Nama (Name) : HILWIYAH

Alamat (Address) : JL. KALIMANTAN NO.709,
RT 002/RW 007,
PANUNGGANGAN BAR.
KEC.CIBODAS,KOTA
TANGGERANG

Telepon (Phone) : 6287878531957

Email :

Detail Pembayaran (Payment Details):

No	Deskripsi (Description)	Jumlah (Amount)
1	Cardio Health 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):

02 March 2026

Waktu (Time):

14:56 (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