

BUKTI PEMBAYARAN (PAYMENT RECEIPT)

Kuitansi No. (Receipt No.):

INV-20260327-1774594757744-883

Tgl. Pembayaran (Payment Date):

27 March 2026

Diterima Dari:

Received From:

Nama (Name) : DINDA AMELIA

Alamat (Address) : JL. LIMO NO.6/45,
GROGOL UTARA, KEC.
KEBAYORAN LAMA,
KOTA JAKARTA
SELATAN

Telepon (Phone) : 6281212303047

Email :

Detail Pembayaran (Payment Details):

No	Deskripsi (Description)	Jumlah (Amount)
1	MCU CARDIO RISK	Rp325.000
Total Pembayaran (Total Payment)		Rp325.000

Metode Pembayaran:

Payment Method:

Bank Transfer

Nomor Akun (Account Number):

Nama Akun (Account Name):

Tanggal Transfer (Transfer Date):

27 March 2026

Waktu (Time):

13:59 (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