

UNIVERSITY OF ILORIN - 1000115

Payment Receipt

Generated on 02/05/2023

Remita Retrieval Reference (RRR)

PAYER INFORMATION

NAME

EMAIL

PHONE NUMBER

PAYMENT DETAILS

| PAYMENT DATE | PAYMENT REF | SERVICE DESCRIPTION | AMOUNT (NGN) | CHARGE (NGN) | VAT on Charges (NGN) | TOTAL (NGN) |
|--------------|-------------|---------------------|--------------|--------------|----------------------|-------------|
| | | IC TRANSCRIPT | 11,000.00 | 205.00 | 15.38 | 11,220.38 |
| | | TOTAL PAID | 11,000.00 | 205.00 | 15.38 | 11,220.38 |
| | | TOTAL AMOUNT | | | | 11,220.38 |
| | | BALANCE DUE | | | | 0.00 |

BILLER-REQUIRED INFORMATION

ITEM DESCRIPTION

Description

Transcript

PAYMENT CHANNEL INFORMATION

| PAYMENT CHANNEL | MASKED CARD PAN | AUTHORIZATION REF. | CARD SCHEME |
|-----------------|------------------|--------------------|-------------|
| CARD PAYMENT | XXXXXXXXXXXX7228 | | MASTERCARD |

PAYMENT CHANNEL INFORMATION



Google Forms

Thanks for filling out
UNIVERSITY OF ILORIN, ILORIN,
NIGERIA UNDERGRADUATE
TRANSCRIPT REQUEST FORM

Here's what was received.

UNIVERSITY OF
ILORIN, ILORIN,
NIGERIA
UNDERGRADUATE
TRANSCRIPT
REQUEST FORM

Email *

[Redacted]





MATRICULATION NUMBER *

[REDACTED]

[REDACTED]

SURNAME (As in Certificate) *

[REDACTED]

FIRSTNAME (As in Certificate) *

[REDACTED]

MIDDLENAME (As in Certificate) *

[REDACTED]

YEAR OF ENTRY *

2008





YEAR OF GRADUATION *

2014

COURSE OF STUDY *

[REDACTED]

DEGREE AWARDED *

(e.g B.Sc Chemistry)

B. Sc

FACULTY *

Health science

APPLICANT EMAIL ADDRESS *

[REDACTED]

TYPE OF TRANSCRIPT *





REMITA (PAYMENT RECEIPT) Remita
Retrival Reference -RRR NUMBER *

[Redacted]

REFERENCE/APPLICATION NUMBER AT
RECEIVING INSTITUTION

MODE OF POSTAGE *

COURIER

EMAIL

HAND COLLECTION(Authentication
required)

COURIER OPTIONS

TNT



No

WHEN?


MM DD YYYY

/ /

COPY OF APPLICANT'S UNIVERSITY OF ILORIN CERTIFICATE / COURSE FORM *

(Course form for only sessional transcript)

Submitted files

 DOC-20230502-WA0004 - Raji Taiwo.

REMITA PAYMENT RECEIPT *

Submitted files

 printrecieptRequest (23) [REDACTED]

COURIER EVIDENCE OF PAYMENT

Submitted files

 [REDACTED]

