

# Official Receipt

## Immigration Medical Examination Fee

Receipt No: IMR-2024-000123

Date Issued: June 15, 2024

Clinic/Hospital Name: Sunrise Immigration Medical Center

Address: 123 Wellness Avenue, Cityville

Applicant Name	
Date of Birth	
Passport/ID Number	
Type of Service	Immigration Medical Examination
Amount Paid	\$150.00
Payment Method	

**Total Paid:** \$150.00

Authorized Signature

Thank you for your payment.