**SEVIS Fee Receipt**

### **Organization Information**

**Organization Name:** U.S. Department of Homeland Security **Address:** [Organization Address]  
**City, State, Zip: Washington, D.C. 20528  
Contact Number:** [Contact Number] **Date:** [Date]

### **Receipt Details**

**Receipt Number:** [Unique Receipt ID] **SEVIS ID:** [SEVIS ID]  
**Student Name:** [Student's Full Name]  
**Program Type:** [Program Description] **Fee Amount:** $350 USD

### **Transaction Details**

| **Description** | **Quantity** | **Unit Price** | **Total** |
| --- | --- | --- | --- |
| **SEVIS I-901 Fee** | 1 | $350 USD | $350 USD |
| **Processing Fee** | 1 | $0 | $0 |
| **Additional Services** | 0 | N/A | $0 |
| **Total** | - | - | $350 USD |

### **Confirmation**

* **Payment Received**
* **Pending Payment**

**Thank you for your payment. This receipt confirms the transaction.**