
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.