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# SEVIS Fee Receipt

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## 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

<b>Processing Fee</b>	1	\$0	\$0
<b>Additional Services</b>	0	N/A	\$0
<b>Total</b>	-	-	\$350 USD

**Confirmation**

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

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