

ABC Insurance Corporation  
120 Corporate Avenue  
Cityville, Country 10001  
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Logo 

## Corporate Insurance Premium Remittance Receipt

**Receipt No:**

RCPT-2024-1118

**Date of Issue:**

2024-06-01

**Corporate Client:**

XYZ Manufacturing Group Ltd.

**Policy Number:**

CIP-7856234

**Coverage Period:**

2024-06-01 to 2025-05-31

**Breakdown of Premium Remittance:**

Description	Amount (USD)
Gross Premium	55,000.00
Taxes	4,400.00
Other Charges	600.00
<b>Total Amount Paid</b>	<b>60,000.00</b>

**Payment Method:**

Bank Transfer

**Transaction Reference:**

TRF8956321

**Remittance Date:**

2024-05-28

**Received By:**

\_\_\_\_\_  
Annette Rodgers  
Accounts Officer

**Important Notes:**

- This receipt serves as official proof of premium payment for the stated period and policy.
- Maintain this document for your corporate financial and audit records.
- Coverage is effective only as stated in the policy documents issued separately.
- Contact your insurance representative should you require further clarification or have questions.