



PSI Receipt / Paid Invoice

Candidate Billing Details

Test Taker ID: _____
Test Taker Name: _____
Client Name: _____
Email Address: _____
Street Address 1: _____
Street Address 2: _____
City: _____
State: OK
Postal Code: _____
Country: US

Booking Information

Client Test/Portion Name: Oklahoma HiSET
Test Language: English
Test Date: _____
Scheduled Time: _____
Test Duration: _____
Test Location: Onsite (Test Center)

Confirmation Number: _____

Payment Details

Transaction Date: _____
Transaction ID#: _____
Payment Type: _____
State Fee: _____
Oklahoma HiSET Test: _____
Test Center Fee: _____
Total Paid: _____
Remaining Balance: \$0.00 USD

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