

Nutritionist License Renewal Fee Payment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To Whom It May Concern,

I am writing to confirm the payment of my nutritionist license renewal fee. My license number is [Insert License Number]. I understand that timely payment is necessary to maintain my licensure and compliance with the regulations.

The payment was made on [Insert Payment Date] in the amount of [Insert Amount]. The method of payment was [Insert Payment Method, e.g., credit card, check]. Please find the transaction/confirmation number: [Insert Transaction Number].

If you require any further information or documentation regarding this payment, please do not hesitate to contact me at my email or phone number listed above.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]