

## **RECEIPT OF PAYMENT**

Receipt Number: 202403443

**Receipt Date:** September 20, 2024 **Date Paid:** September 20, 2024

**Full Amount:** \$146.98

Payment Details: Payment Method Amount Tendered Check Number

Debit Card \$146.98

**Amount Tendered:** \$146.98 **Change / Overage:** \$0.00

**Contact:** Andre Swanson, Address:Unit C-C, Phone:(970) 306-3142

## **FEE DETAILS**

Fee DescriptionReference NumberAmount OwingAmount PaidPlan Review Fee (Routt)SPRRN241447\$146.98\$146.98