

## RECEIPT OF PAYMENT

**Receipt Number:** 202403753

**Receipt Date:** October 18, 2024 **Date Paid:** October 18, 2024

**Full Amount:** \$405.26

Payment Details: Payment Method Amount Tendered Check Number

Credit Card \$405.26

**Amount Tendered:** \$405.26 **Change / Overage:** \$0.00

Contact: Milo Rubin, Address:1920 BRIDGE LN, Phone: (808) 253-9982

## **FEE DETAILS**

Fee DescriptionReference NumberAmount OwingAmount PaidPlan Review Fee (Routt)SPRRN241641\$405.26\$405.26