

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.969.1000 | cityofls.net

## **RECEIPT OF PAYMENT**

Receipt Number:	2016020614
Receipt Date:	06/24/2016
Date Paid:	06/24/2016
Payment Method:	Check,
Check Number:	26883330,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT MEDICAL CENTER, Address:2100 SE BLUE PKWY, Phone:(816) 282-5000

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142755	\$50.00