

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

RECEIPT OF PAYMENT

| Receipt Number: | 2014009519 |
|-----------------|--|
| Receipt Date: | 10/08/2014 |
| Date Paid: | 10/08/2014 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | SAINT LUKES EAST HOSPITAL, Address:100 NW SAINT LUKES BOULEVARD |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|---|-----------------------------------|-------------|
| 0026 - Special Event Permit (application fee) | PRSE20142838 | \$50.00 |
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