

RECEIPT OF PAYMENT

Receipt Number:	2020047421
Receipt Date:	01/16/2020
Date Paid:	01/16/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$60.00
Amount Tendered	\$60.00
Paid By:	FARHA ROOFING, Address:1627 S HILLSIDE, Phone:(816) 831-7510

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110078-Roofing Permit Fee	PRROOF20200048	\$30.00
9110078-Roofing Permit Fee	PRROOF20200049	\$30.00