

## **RECEIPT OF PAYMENT**

Receipt Number:	2024088465
Receipt Date:	05/31/2024
Date Paid:	05/31/2024
Payment Method:	Check,
Check Number:	2794,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	REORGANIZED SCHOOL DIST NO 7, Address:600 SE MILLER ST

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110077-Special Event Permit (application fee)	PRSE20242776	\$50.00