

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

## **RECEIPT OF PAYMENT**

Receipt Number:	2018036570
Receipt Date:	07/18/2018
Date Paid:	07/18/2018
Payment Method:	Check,
Check Number:	6944,
Full Amount:	\$600.00
Amount Tendered	\$600.00
Paid By:	SUMMIT EYE CENTER LLC, Address:1741 NE DOUGLAS ST, Unit 100, Phone:(816) 246-2111

## Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110077-Final Development Plan fee	PL2018119	\$600.00