

Payment Processed: **!!! Payment Successful !!!**
Confirmation Number: OD24M9PRN1
Invoice Amount Paid: \$505.00
Convenience Fee : \$9.24
Payment Submission Date: 11/03/2021

Invoice No.	Reference No.	Name	Amount
0000189600	AR-21-018701	HEALTHY SCHOOL FOOD COLLABORATIVE	505.00

Total Amount Paid: \$514.24

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