

## Transmittals for: PROJECTS Only

## Payment-in-Lieu for Storm Water Quality Volume Requirement

AMOUNT	ACCOUNT NUMBER	FUND NUMBER	BUSINESS UNIT	PROJECT ID	ACTIVITY ID	AMOUNT
320.00	461615	305	PCDMD	24_MS4	7547210	320.00
					TOTAL	320.00

	t In-Lieu for Storm Water Quality	Name:	Risen Savior Addition & Renovation
Volume	Requirement		
Address/Legal Description:	7701 Wyoming Blvd NE		
DEPARTMENT NAME	E: Planning Department/Developr	nent Revie	ew Services, Hydrology
PREPARED BY De	ebi L Fox	PHONE	505-924-3895
BUSINESS DATE 1	1/19/2024		
DUAL VERIFICATION  AND BY EMPLOYE	EMPLOYEE SIGNA	TURE	
REMITTER: AMOUNT: BANK:			
CHECK #:	DATE ON CHECK:		

The Payment-in-Lieu can be paid at the Plaza del Sol Treasury, 600 2<sup>nd</sup> St. NW. **Bring three copies of this invoice to the Treasury** and provide a copy of the receipt to Hydrology, Suite 201, 600 2<sup>nd</sup> St. NW, or e-mail with the Hydrology submittal to PLNDRS@cabq.gov.

City of Albuquerque

Reference Number: 2024324003-6 Date/Time: 11/19/2024 11:47:42 AM

Departmental Deposit 2024324003-6-1

Departmental Deposit

10 \$320.00 GL #: |305|461615||PCDMD|24MS4|7547210|

Total:

\$320.00

Mastercard Service Fee

2024324003-6-2

Total:

\$8.80

2 ITEMS TOTAL:

\$328.80

TOTAL:

\$328.80

\*DUPLICATE RECEIPT 11/19/2024 11:49:54 AM\*

Mastercard

\$320.00

\$8.80

Method: C

Card Number: \*\*\*\*\*\*\*\*\*\*5791

First Name:

Payment Type: credit

Mastercard Service Fee

Method: C

Card Number: \*\*\*\*\*\*\*\*\*\*5791

First Name: Last Name: false Payment Type: credit

Total Received:

\$328.80



Thank you for your payment.