

SEA - HEAR EX
700 5TH AVE SUITE 4000
SEATTLE, WA 98104

02/11/2025 11:09:21
MID: XXXXXXXXXXXX954 TID: XXXXX684

CREDIT CARD
VISA SALE

Card # XXXXXXXXXXXX6319
SEQ #: 3
Batch #: 75
INVOICE 3
Approval Code: 09618D
Entry Method: Manual
Mode: Online
Card Code: M

SALE AMOUNT \$25.00

I agree to pay above total amount
according to card issuer agreement.
(Merchant agreement if Credit Voucher)

SDCI
x 1059881-CT-002

MERCHANT COPY



City of Seattle
Office of Hearing Examiner Receipt

Receipt No. 4860

Received From Erica Gilliland
Address (Physical or Email) elouiseashman@gmail.com
City/State/Zip _____ Telephone Number 206-851-8741
Amount Twenty-five exactly Dollars \$ 25.00

How Paid	<input type="checkbox"/>	Number	Notes...
Check			
Money Order			(mitigated)
Credit Card	<input checked="" type="checkbox"/>		SDCI Cit #1059881-CT-002

Processed By Sarah G. Date 2/11/25