

From: [Allegheny County Health Department](#)
To: [Ocho Sundries](#)
Subject: Allegheny County Health Department
Date: Saturday, December 16, 2023 8:48:05 PM

Allegheny County Health Department

Payment Receipt

Ocho Sundries
PA

ron@wesellpgh.com

Your bank account will be debited the amount of the payment.
Please ensure there are sufficient funds available in your bank account to cover this amount.

Resident Account:	202212280001
Payment Amount:	\$244.00
Service Fee:	\$2.00
Payment Total:	\$246.00
Payment Date:	12/16/2023
Bank Name:	
Bank Account:	Checking account ending in 553
Bank Account Name:	Ocho Sundries
Reference Number	C41078424P68569553
Comments:	
Payment Origin:	Lightbox Terminal
Agent:	Lightbox
Merchant#:	M3374

Thank you,
Allegheny County Health Department
Support: 412-578-8010 Email:

* The service fee is non-refundable.