STATEMENT OF ACCOUNT

Quality Behavioral Health

Receivable ID: 5557

Docket #:

TN-190692

UTC Contact:

Hoxit, Jason

900 7th Street

Date Due:

15 days after order if not specified

Clarkston, WA 99403

Date	Receipt ID	Payment ID	Description	Due	Credit	Balance	Date - Copy was given to Records Center
Balance brought forward						\$0.00	
08/30/19	Violated (WAC) 480-31-130 Operation of Motor Vehicles.		Penalty	9/14/2019		\$200.00	
09/18/19	68729	41087	Payment		(\$200.00)	\$0.00	9/18/2019
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