


Ohio Department of Education - Educator Licensure

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Ohio Department of Education - Educator Licensure Payment Summary

Payment Status	Confirmation Number	Authorization Date
Authorized	996623	6/23/2021 9:35:15 PM
Total		
\$200.00		

Payment Information

* Credit Card Number

*****0124

* Credit Card Type

Visa

* Expiration Month

* Expiration Year

* Card Security Code

Billing Information

First Name

Heather

Middle Name

* Last/Business Name

Joyce

* Phone

5402309012

* Address Line 1

25 WOODLAWN DR

Address Line 2

* City

PALMYRA

* State/Province/Region

Virginia

* Zip/Postal Code

22963-2728

Country

United States

Email

hdlittrell@gmail.com

Email Receipt

No

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