INV	OICE		
Please Remit To:  INDIANA DEPT OF ENVIRONMENTAL MGMT  CASHIER OFFICE - MAIL CODE 50-10C  100 NORTH SENATE AVENUE  INDIANAPOLIS IN 46204  Bill To:	Page: Invoice No: Invoice Date: Customer Number: Bill Type: Payment Terms: Due Date:	1 0001545 02/17/20 CST1000 007 NET 30 03/18/20	12 102117 CH
PILKINGTON NORTH AMERICA INC ACCOUNTS PAYABLE 300 NORTHRIDGE DRIVE SHELBYVILLE IN 46176	AMOUNT DUE:	600.00	
	Amount Remitted		
Note Address Changes Above			
For billing questions, please call 317-232-8705	<u> </u>		
Line Adj Identifier Description	Quantity UOM	Unit Amt	Net Amount
1 081-31310-00067 New Source Registration For - The Office of Air Quality, Permits Branch,	1.00 EA	600.00	600.00
- For questions about this invoice, please C 3-6875. Outside of Indiana, please cell 317 - This invoice does not constitute approval	-233-6875.		-meton
TOTAL AMOUNT DUE:			600.00
A copy of your involce must be included with payment.	IDEM . PAII	AR	78 FED 28
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