

# SAMPLE – Paid Application fee receipt

## Your name

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**From:** No-reply@aoa e-mail address  
**Sent:** Date sent  
**To:** E-mail address associated with AOA ID used to pay application fee  
**Cc:** The American Orthopaedic Association  
**Subject:** AOA – Store Receipt

Enter the 10-character alpha-numeric order number into the application. It can be used only once. It is unique to the application and will be used throughout the process.

Your order number is: **omga2918CT**

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## CUSTOMER INFORMATION

iMIS ID: AOA ID number  
Name: Name associated with AOA ID number used to pay application fee  
Institution: Institution name associated with AOA ID  
Address: Address of Institution associated with AOA ID  
City: City of Institution associated with AOA ID  
State: State of Institution associated with AOA ID  
Zip: Zip code of Institution associated with AOA ID

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## ORDER INFORMATION

Product	Price	Quantity	Item Total
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OMeGA Grant Application Fee			
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**Order Total:**

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## PAYMENT INFORMATION

Card Type:

Card Number: XXXX-XXXX

Expiration Date: 1/1