

## **INVOICE**

Date	Invoice #	Due Date
5/14/2019	FS2019-2698	5/8/2019

Bill To	Invoice For Facility
MAX TO GO INC	
25 GIBBS STREET	
ROCHESTER, NY 14604	

Description	Amount
Seating 0-25	\$170.00
Level 1 Recertification Course	\$100.00
	\$50.00
	Total: <b>\$320.00</b>

Customer Balance: \$320.00

Failure to remit payment by the due date will result in a late fee added to your balance due. Late fees are \$50 if your balance due is \$100 or more; or \$25 if your balance due is under \$100.

TO PROPERLY CREDIT YOUR ACCOUNT, PLEASE SEND IN THIS PAYMENT SLIP WITH YOUR PAYMENT
PAY ONLINE: <a href="https://ehpermits.monroecounty.gov/dev/pay">https://ehpermits.monroecounty.gov/dev/pay</a> QUESTIONS/PAY BY PHONE: (585) 753-5064

Make checks payable to: Monroe County Department of Public Health

Facility: AUNT ROSIES FSE2016-009

FAC #:

Invoice #: FS2019-2698

Bill To

MAX TO GO INC 25 GIBBS STREET ROCHESTER, NY 14604

Monroe County Food Protection 111 Westfall Road, Room 832 Rochester, NY 14620

Total: \$320.00