



Monroe County Food Protection  
111 Westfall Road, Room 832  
Rochester, NY 14620  
(585) 753-5064

## INVOICE

Date	Invoice #	Due Date
4/1/2019	FS2019-2700	4/3/2019

Bill To
123 Fake St Rochester, NY 12345

Invoice For Facility

Description	Amount
Seating 26-50	\$230.00
Test Charge	\$111.00
	\$-55.50
LATE FEE	\$50.00
<b>Total: \$335.50</b>	

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.

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TO PROPERLY CREDIT YOUR ACCOUNT, PLEASE SEND IN THIS PAYMENT SLIP WITH YOUR PAYMENT  
PAY ONLINE: <https://ehpermits.monroecounty.gov/dev/pay>      QUESTIONS/PAY BY PHONE: (585) 753-5064  
Make checks payable to: Monroe County Department of Public Health

Facility: 123 TEST COMPANY  
FAC #:  
Invoice #: FS2019-2700

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Rochester, NY 12345

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**Total: \$335.50**