

INVOICE

Date	Invoice #	Due Date			
3/20/2019	TESTI2019-0010	3/31/2019			
Test Company: Wayne County Health Department					

Bill To		Test Facility
Wayne County Coroner		
Attn: County Administrator's Office		
26 Church St.		
Lyons, NY 14489		
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Data	The Item	Fake Details	Qty	Price	Total		
	FOOD SERVICE FEES:Food Serv Establishment	Mobile Food Service, Bakery, Caterer or Commissary		\$225.00	\$225.00		
	WORKER CERTIFICATION:L1 COURSE	Level 1 Food Worker Certification		\$140.00	\$140.00		
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Total: **\$365.00**

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: https://ehpermits.monroecounty.gov/dev/pay QUESTIONS/PAY BY PHONE: 123-123-1234

Make checks payable to: Monroe County Department of Public Health

Test Customer: Wayne County Health Department

Demo Facility:

Invoice #: TESTI2019-0010

Bill To

Wayne County Coroner

Attn: County Administrator's Office

26 Church St. Lyons, NY 14489

Test Monroe County 123 Fake St Rochester, NY 12345

Total: \$365.00