

## **INVOICE**

Date	Invoice #	Due Date
5/14/2019	FS2019-2708	5/23/2019

Invoice For Facility

Description	Amount
Seating 0-25	\$170.00
Seating 26-50	\$230.00
	Total: <b>\$400.00</b>
	Customer Balance: \$400.00

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: HYATT hOTEL FSE2016-005

FAC #:

Invoice #: FS2019-2708

Bill To

HYATT ROCHESTER 125 EMS HOTEL LLC 125 EAST MAIN STREET ROCHESTER NY 14604

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

Total: \$400.00