

INVOICE

Date	Invoice #	Due Date
5/14/2019	FS2019-2699	5/10/2019

Bill To	Invoice For Facility
123 Fake St	555 Fake Dr
Rochester, NY 12345	Rochester, NY 12345

	Total: \$135.00
LATE!	\$50.00
MISC DISCOUNT	\$-85.00
Seating 0-25	\$170.00
Description	Amount

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: (585) 753-5064

Make checks payable to: Monroe County Department of Public Health

Facility: BUCKETS FOOD RESTAURANT (TEST)

FAC #:

Invoice #: FS2019-2699

Bill To 123 Fake St

Rochester, NY 12345

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

Total: \$135.00