



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

## INVOICE

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

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

Invoice For Facility

Paid Date	Description	Amount
5/14/19	Seating 0-25	\$170.00
5/14/19	Level 1 Recertification Course	\$100.00
5/14/19		\$50.00
		<b>Total: \$320.00</b>
		<b>Customer Balance: \$135.00</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.

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: AUNT ROSIES FSE2016-009  
FAC #:  
Invoice #: FS2019-2698

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MAX TO GO INC  
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**Total: \$320.00**