

PAYMENT

Date	Payment #	Pay Method	Check #
4/23/2019	38691	Cash	

Bill To

MAX TO GO INC
25 GIBBS STREET
ROCHESTER, NY 14604

Paid Date	Description	Quantity	Price	Amount	Due
	Invoice# FS2019-2701				
	Seating 26-50		\$230.00	\$230.00	\$230.00
	Test Charge		\$111.00	\$111.00	\$111.00
İ			-50%	\$-55.50	\$-55.50
4/23/19	LATE FEE		\$50.00	\$50.00	
Invoice# FS2019-2701 Total:			\$335.50	\$285.50	
	Invoice# FWC2019-0006				
4/23/19	Level 2 Food Worker Certification Course		\$105.00	\$105.00	
Invoice# FWC2019-0006 Total:				\$105.00	\$0.00
	Payment# 38691				
4/23/19 Payment Applied			\$155.00		
	Рауг	ment# 386	91 Total:	\$155.00	\$0.00
Payment Amount: \$155.00					
Remaining Customer Balance: \$285.50					



INVOICE

Date	Invoice #	Due Date
4/1/2019	FS2019-2701	4/3/2019

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

Paid Date	Description	Amount	
	Seating 26-50	\$230.00	
	Test Charge	\$111.00	
		\$-55.50	
4/23/19	LATE FEE	\$50.00	
	Total: \$335.50		
	Customer Balance: \$285.5		

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 #: FS2019-2701

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

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

Total: \$335.50



INVOICE

Date	Invoice #	Due Date
4/23/2019	FWC2019-0006	4/1/2019

Bill To

MAX TO GO INC
25 GIBBS STREET
ROCHESTER, NY 14604

Paid Date	Description	Quantity	Price	Amount
4/23/19	Level 2 Food Worker Certification Course		\$105.00	\$105.00

Total: \$105.00

Customer Balance: \$285.50

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
Make checks payable to: Monroe County Department of Public Health

Invoice #: FWC2019-0006

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

Monroe County Food Protection 111 Westfall Road, Room 1020 Rochester, NY 14620

Total: \$105.00