Vendor Payment Request Form

1- Company Name	360i			
2- Vendor Name	Green and Spiegel			
3- Invoice Number(s)	13929			
4- Invoice Date (s)	10/20/2020			
5- Total Invoice Amount	\$350.00			
6- Client and SOW/Job Code	HR- Legal			
7- Billable	No			
8- Job/SOW was or will be billed on				
9- Select cost category (if applicable)	Hardcost	Pass-through	Freelance Other	
10- Expense Description: If this invoice is for future services(i.e. A Yearly Magazine Subscription) or for a future event(i.e. Marketing Tradeshow), Please provide the date range or date of event.	This is for a H1b W	/ithdrawal		
11- Other Information				
Note: For payment request outside of normal payment tern	ns, please provide re	equested payment d	ate	
Provide Approval Signatures: AMANAA L PAPINI Amanda L Papini (Nov 20, 2020 11:52 EST)		Amanda Papini		
Preparer/Submitter Signature	_	Name		
Meg Ryan (Nov 20, 2020 10:54 CST)	_	Meg Ryan		
Approval Signature		Name		
Executive/Finance Approval (if needed)	-	Name		



1524 DELANCEY ST 4TH FLOOR PHILADELPHIA, PA 19102 US (215) 395-8959 www.gands-us.com

BILL TO 360i

DATE 10/20/2020 PLEASE PAY **\$350.00**

RE:

SONG, Yiting

DESCRIPTION		AMOUNT
Amount due for preparation and submission of Application to Withdrawal H-1B Petition Amount due for Administrative Fees, which includes: Anticipated FedEx charges, photocopying, file maintenance and telecommunication expenses		300.00 50.00

THANK YOU.

^{*} Please Remit Payment To: Green and Spiegel U.S., LLC 1524 Delancey St., 4th Fl. Phila., PA 19102 *

^{*} Please include the Invoice Number with your payment - Thank You! *

^{*} Balances over 30 days past due are subject to 3.25% per month interest *

^{*} Balances over 180 days past due are subject to referral to a collections agency *