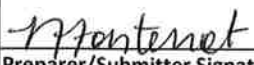



Vendor Payment Request Form

1- Company Name	360i
2- Vendor Name	Paragon
3- Invoice Number(s)	CN014/2018
4- Invoice Date (s)	10/24/2018
5- Total Invoice Amount	(\$2,033.00)
6- Client and SOW/Job Code	ADM-18-009
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.	
11- Other Information	

Note: For payment request outside of normal payment terms, please provide requested payment date _____

Provide Approval Signatures:	
 Preparer/Submitter Signature	Nicole Fontenot Name
 Approval Signature	Aubrey Sabala Name
Executive/Finance Approval (if needed)	Name



paragon

Credit Note Date	24 October 2018
Credit Note No	CN014/2018
Reference No	US360I/US/010

Paragon Digital Services, LLC
US050

32 Avenue of Americas,
18th Floor, New York
New York 10013, USA

TO

360i LLC
US037

32 Avenue of the Americas, 16th Floor, New York,
NY 10013

DESCRIPTION	FTE	AMOUNT (USD)
Credit of 1 BI FTE on the Invoice Number US360I/US/010 dt 23rd October 2018	1	\$2,033.00
Two Thousand and Thirty Three US Dollars		\$2,033.00

Approved
Aubrey Sabole VP, Media
1.15.19