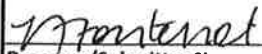
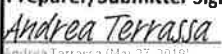


Vendor Payment Request Form

1- Company Name	360i
2- Vendor Name	Paragon
3- Invoice Number(s)	CN025/2018
4- Invoice Date (s)	2/20/2019
5- Total Invoice Amount	(\$2,033.00)
6- Client and SOW/Job Code	See break-out
7- Billable	No
8- Job/SOW was or will be billed on	See break-out
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	FTE erroneously charged on Jan invoice

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

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



Paragon Digital Services, LLC
US050

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

Credit Note Date	20 February 2019
Credit Note No	CN025/2018
Reference No	US360I/US/013

TO
360i LLC
US037

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

DESCRIPTION	FTE	AMOUNT (USD)
Credit note for erroneously Charged FTE for Jan'19 Invoice US360I/US/013	1	\$2,033.00
Two Thousand Thirty Three US dollars		\$2,033.00