

Athletics Fee Other -

Third Party Billing Request

To:	o: Robyn Triscari/Controller Office		Fax: 914-923-2731	
From:			Date:	
Orga	nization to be bi	lled*:	Accounts Payable Address*:	
	chester County Pol		Westchester County Police Dept.	
Director of Training & Public Safety			Director of Training & Public Safety	
	Mill River Parkwa	У	1 Saw Mill River Parkway	
Hawthorne, NY 10532			Hawthorne, NY 10532	
Attn: Jane Doe			Attn: Accounts Payable Dept	
			Customer PO#:	
Name of Contact Person*:				
Phone	e Number*:	Em	nail Address*:	
Date(s) of Function*:				
Campus and Location within*:				
Name of Event:				
Total Amount to Bill*:				
Break	:down*:	Amount:	Detail Code (ie. O100)	Index/Acct # to Credit:
Room Rental Fee		,		
Lab	or Fee			
Audio/Visual Fee				
	urity Fee			
Chartwells Caterers				

Customer Tax Exempt? _____ (Y0f751.5\&0.4\&0.4799\&ef*\&0.151.5\&32.\&012 Tf1 0 0 1 2_____

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