



To: Robyn Triscari/Controller's Office

Fax: 914-923-2731

From:

Date:

| | |
|--------------------------------------|--------------------------------------|
| | |
| Westchester County Police Dept. | Westchester County Police Dept. |
| Director of Training & Public Safety | Director of Training & Public Safety |
| 1 Saw Mill River Parkway | 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 Number*:

Email Address*:

Date(s) of Function*:

Campus and Location within*:

Name of Event:

Total Amount to Bill*:

| Breakdown*: | Amount: | Detail Code (ie. O100) | Index/Acct # to Credit: |
|---------------------|---------|---------------------------|-------------------------|
| Room Rental Fee | | | |
| Labor Fee | | | |
| Audio/Visual Fee | | | |
| Security Fee | | | |
| Chartwells Caterers | | | |
| Athletics Fee | | | |
| Other - | | | |

Customer Tax Exempt? _____ (Y0f751.58.48.47998ef* 151.5832.012 Tf1 0 0 1 2_____