

Third Party Billing Request

To:	Robyn Triscari/Controller& Office	Fax: 914-923-2731	
From:		Date:	
Organization to be billed*:		Accounts Payable Address*:	
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	
Hawt	thorne, NY 10532	Hawthorne, NY 10532	
Attn: Jane Doe		Attn: Accounts Payable Dept	
		Customar DO#.	

	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