



**Third Party Billing Request**

To: Robyn Triscari/Controller's Office

Fax: 914-923-2731

From:

Date:

<b>Organization to be billed*:</b>	<b>Accounts Payable Address*:</b>
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\*:

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

Customer Tax Exempt? \_\_\_\_\_ (Request copy of NYS Sales Tax Exemption Cert)