Third Party Billing Request

To: Robyn Triscari/Controller's 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
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? _____ (Request copy of NYS Sales Tax Exemption Cert)