



Inv# 04182018 ROC \$1,750.00
 MERCEDES VAZQUEZ SIMMONS
 04/08/2015 # Pages 1 FP1 DOC94S3229
 PO# 15008534

Pretty Girl Productions LLC
 PO Box 14802
 Rochester, NY 14614

INVOICE

TO:
 City Of Rochester-Parks and Recreation
 400 Dewey Ave
 Rochester NY 14613
 Attn: Eric Rose

P.O. NUMBER: 15008534
 04182018 ROC

Service Date: 4-6-2015

QTY	DESCRIPTION	UNIT PRICE	TOTAL
100	DISCOUNTED TICKETS for Throwdown at the Armory III- April 18, 2015	\$15	\$1500
1	Banner/ signage	250	\$250
SUBTOTAL			\$ 1750
SALES TAX			0
SHIPPING AND HANDLING			0
OTHER			
TOTAL			
PAID			
AMOUNT DUE			\$1750

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2015 APR 30 AM 8 01

Refund Request Form

Part of MUNIS General Billing (Cemeteries, Loans, PILOTS, etc.)
 PLEASE SEE INSTRUCTIONS BELOW

1. Vendor Number (if known)		25130		MERCEDES VAZQUEZ SIMMONS	
3. Remittance Number (if known)				219 S FITZHUGH ST	
5. Line	6. Invoice Number (n/a)	7. Invoice Date (n/a)	8. Received Date (n/a)	9. Due Date (optional)	10. Amount
1	93429	4/11/16	5/24/16	6/24/16	\$581.00
2					
3					
4					
5					

11. Line	12. Fiscal Year	13. Org Code	14. Object Code	15. GL Project Code	16. Project Ledger Code	
1	16	01251300	368000			\$581.00
2						
3						
4						
5						
TOTAL:						

Check Comments (Include Customer account number and appropriate references to revenue transactions): LATE CANCELLATION OF BARRICADES - REFUND

Other Remarks:

RBH 6-10-16
[Signature]

Requester: T. FLETCHER

INSTRUCTIONS

This template is used to request a customer refund. Such requests must be made by the department responsible for revenues that are not part of MUNIS General Billing. (Refunds through General Billing are processed differently.)
 This form should be sent with supporting documentation attachments, such as vendor invoices, or employee receipts, to Accounting@CityofRochester.gov. Attachments regarding reimbursements to employees must include a legible hand signature certifying the claim. Signature on a departmental mileage reimbursement form or similar documents is acceptable. The subject of this email must be "DIRECT PAYMENT REQUEST" exactly, as it will be automatically routed for processing on this basis. After entry into the MUNIS system the payment request will be routed to your department's approvers before final processing by the Finance Department. Required fields are indicated in blue above.

1. Vendor Number: Six-digit vendor number from vendor file.
2. Payee/Vendor Name: Enter the vendor's name as it should appear on the check.
3. Payee/Vendor Remittance Number: Two-digit reference to vendor remittance name and address that is assigned on the system. The vendor name and address exactly match the remittance address on the invoice, please leave blank. (Note: If remittance name and address need to be added or updated, it is necessary to have Purchasing update the vendor record before you proceed.)
4. Payee Remittance Address: Address that should appear on check.
5. Line: Use to match invoice to a specific account code.
6. Invoice Number: Invoice number assigned by vendor - if none, leave blank.
7. Invoice Date: Assigned by vendor (Not applicable to Revenue Refunds).
8. Received Date: Date invoice was received by City (Not applicable to Revenue Refunds)
9. Due Date: Date as indicated on invoice or agreed upon, otherwise assumed to be payable 30 days from Received Date.
10. Invoice Amount: Total amount to be paid from invoice.
11. Line: Use to match invoice to a specific account code.
12. Fiscal Year: The year where expense incurred.
13. Org Code: Shorthand reference to long account code, usually 8 characters and/or numbers.
14. Object Code: Six digits for object of expense.
15. GL Project Code: Five-digit code used for cash capital accounts.
16. Project Ledger Code: Five-character and/or numeric code normally used for grant funds.
17. Gross Amount: The amount to be charged against the specific budget account.

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