



CITY OF CHICAGO - FIRE DEPARTMENT

POS INVOICE

Customer

Name _____
 Address _____
 Address _____

Date

Description		AMOUNT
059 - Mobile Food Truck Inspects - Plan Review		
Plan Review @ \$150		\$ 150.00
TOTAL		\$ 150.00

Remit to: City of Chicago
 Pay at any Chicago payment center
 See locations at <http://www.cityofchicago.org/finance>

Note: Cashiers capture Customer Name.

Point of Sale (POS)