Window

Help

Customize Page

http

Vouchers For a Payment

Bank **US BANK**

Name:

Back To Payment Inquiry

Pymnt Ref ID: 0001888327 Accounting 05/15/2014

Payment Date: 05/15/2014

Date:

Pay DLYE Seq 728

Cycle: FT Num:

Vendor ST PAUL CITY OF

T

Days

13 0

Name: Address: 15 W KELLOGG BLVD Outstanding: Payment Clear

Date:

700 CITY HALL

Reconcile Date: US Value Date:

05/15/2014

ST PAUL

MN 55102 Payment

Payment Amount:

A 180.00 USD Method: **ACH**

Descript ion

1 of 1 Last

Unit ID

Details

Customize | Find | View All | Business Voucher Advice Advice Invoice Seq Date

Number

Gross Paid Amount

Paid Amount

First

Currency

Discount Late Taken Charg

REF #10851

E2601 012711381

05/14/2014 CUST #676980-519 180.00

180.00 USD

Ac

EFT PAYMENT MADE S/15/14 POSTED 6/25/14



Fire Certificate of Occupancy Fee Invoice

 Check this box if making any name or mailing address corrections.

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806

> PHONE: (651) 266-8989 FAX: (651) 266-9124

An Equal Opportunity Employer

METROPOLITAN STATE UNIVERSITY
700 SEVENTH STREET EAST
SAINT PAUL MN 55106

MAY 0 6 2014
METRO STATE UNIVERSIT

Bill Date: May 2, 2014 Customer #: 676980

Amount Due: \$180.00 Due Date: June 2, 2014

** Late fees will be charged if not paid by due date **

Property Address: 645 7TH ST E

Ref. #

10851

Folder RSN: 3143276

Date

Type of Fee

Amount

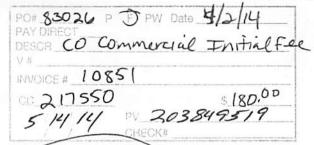
April 2, 2014

CO Commercial Initial Fee

\$180.00

PAY THIS AMOUNT:

\$180.00



pl 5/15/14 ACH 0001888327 \$ 180.00

Mail to: Billing Saint Paul Fire Inspection 375 Jackson Street, Suite 220 St. Paul, MN 55102-1806

Make Checks Payable to: City of St. Paul

** Return this document with payment **

Signature of Cardholder (required for all charges):	
,	

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount:

\$180.00

Customer #: 676980

Ref. #: 10851

Folder RSN: 3143276

Amex	MasterCard			5	Expiration Date:	
Discover	Visa	Security Code:			Month / Year	
Enter Account Number						



Pr

Fire Certificate of Occupancy Fee Invoice

Check this box if making any name or mailing address corrections.

CITY OF SAINT PAUL

Department of Safety and Inspections 375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806

> PHONE: (651) 266-8989 FAX: (651) 266-9124

An Equal Opportunity Employer

Marie Motario

ME #451-266-1923

SAI

Sport to Maris

DI MMB PhONE H

Bill Date: May 2, 2014 Customer #: 676980

> Amount Due: \$180.00 Due Date: June 2, 2014

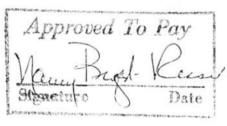
** Late fees will be charged if not paid by due date **

Ref. # 10851 Folder RSN: 3143276

> Amount \$180.00

PAY THIS AMOUNT:

\$180.00



\$ 5-8-14

Mail to: Billing Saint Paul Fire Inspection 375 Jackson Street, Suite 220 St. Paul, MN 55102-1806

Make Checks Payable to: City of St. Paul

** Return this document with payment **

Signature of Cardholder (required for all charges):							
IF PAYING BY CREDIT CARD Customer #: 676980	PLEASE COMPLETE THE F	OLLOWING INFORMATION: Pay Folder RSN: 3143276	this Amount: \$180.00				
Amex Maste Discover Visa Enter Account Number	rCard Security Code:	Expiration Month / Ye					

*******	******	********	******	*****
*	MN State Colleg	es & Universities		Ver 1.75 *
*		CONTROL SYSTEM		MAY 9,2014 *
		PO Working Copy		Page 1 *
******		*******	******	******
076 Metropolitan State	e University		Fiscal Yea	r: 2014
Contract Nbr :		F	OB :	
Contract Desc :			el :	
Addl. Vendor Address :				
Vendor Nbr & Address :	0000192898-001	15 W KELLOGG BLVD	NANCE TREASURY D	
		700 CITY HALL ST PAUL MN 55102		•
Total of Line Items :	180.00			
Other Charges :	0.00			
PO Total Amount :	180.00			
FY Department	Object Code	Distribution	Amount	Resp Person
2014 217550 UTILITIES	2891 Fixed Fee	s 100.00 %	180.00	Nancy Bagshaw R
Current PO Status :				
PO processed by :	MAY 09,2014 11:	54:07 VIERZBKA	VIERZBA KATRINA	
	1	Units Unit of	Disc	
#		dered Measure		
1		1.000 EACH	180.000	180.00

180.00

Additional Instructions

Nancy Bagshaw-Reasoner/Diana McCollum

*** Purchase Order Total Amount

The state of the s

Memo Entries

*** None ***

Metropolitan State University

Additional approval (IT, Grants/Contracts)

Printed Name

Date



internal Purchase Requisition 1400									
FY	Cost Center(s)	Obj. Code(s)	Amo	Amount SWIFT Ve		WIFT Ven	idor ID	PO #	
2014	217550	2891	180.0	.00 0000 /92 8		198-001	83026		
····									
Contact	person/requested by	NBR		<u> </u>		Phone	e# 651.793.1	l711	
		2	• • •						
Vendor	Name (Lity of 5	acrit ta	ul - Dep	ed :	Sety	& Imper	tions	
C	3.7					0			
General	Order Address	Poll	n. 5570	,			1 1111111111111111111111111111111111111	**************************************	
Ven	ndor Phone	Vendor					Vendor Email		
(Na	Description of Item or S me/Location/Dates/Purp	ervice pose/etc.)	How Many	Unit Price Di		Unit easure	Product No	Total Price	
Ч.	C-+1 +	.1				_			
TIME	1 Configuration								
<u> ().6e</u>	effect -	_ `					-		
**************************************	V (and the second s			THOUGHING THE TAXABLE SPECIAL		
6	.45 7 th St.	{						\$180.00	
								AND	
**************************************	-manuali-var-non-mula-var-non-mula-var-non-mula-var-non-mula-var-non-mula-var-non-mula-var-non-mula-var-non-mu								
							1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941		
Sales tay	k (for food orders)								

Shipping	g/Delivery							\$	
NICED DV	•					_			
NEED BY Date of event,	: asap due date for registration, and	d etc.					otal	\$ 180.00	

Vany Brist Vees Nancy Bagshaw-Reasoner 5-8-14									
Signature	of Cost Certier Responsib	le Person(s) Pr	inted Name			Date	· / /		
	1								