

Vouchers For a Payment

Bank US BANK
Name:

Pay DLYE Seq 728
Cycle: FT Num:
Vendor ST PAUL CITY OF T
Name:
Address: 15 W KELLOGG BLVD

700 CITY HALL
ST PAUL MN 55102 US

Payment Amount: 180.00 USD
Payment Method: ACH

Description

Back To Payment Inquiry
Pymnt Ref ID: 0001888327
Accounting 05/15/2014
Date:
Payment Date: 05/15/2014
Days 13
Outstanding: 0
Payment Clear
Date:
Reconcile Date:
Value Date: 05/15/2014

Details

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First 1 of 1 Last

Business Unit	Voucher ID	Advice Seq	Advice Date	Invoice Number	Gross Paid Amount	Paid Amount	Currency	Discount Taken	Late Charg
E2601	<u>01271138</u> 1	05/14/2014	CUST	REF #10851 #676980-519	180.00	180.00	USD		Ac

EFT PAYMENT MADE 5/15/14
POSTED 6/25/14

517 Daine



**Fire Certificate of Occupancy
Fee Invoice**

COPY

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

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

METROPOLITAN STATE UNIVERSITY
700 SEVENTH STREET EAST
SAINT PAUL MN 55106

RECEIVED ACCOUNTS PAYABLE
MAY 06 2014
METRO STATE UNIVERSITY

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

PO# 83026 P PW Date 4/2/14
 PAY DIRECT
 DESCR CO Commercial Initial Fee
 V #
 INVOICE # 10851
 CC 217550 \$180.00
 5/14/14 PV 203849519
 CHECK#

pl 5/15/14
ACH 0001888327
\$180.00

EFT

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

<input type="checkbox"/> Amex	<input type="checkbox"/> MasterCard			Expiration Date: Month / Year					
<input type="checkbox"/> Discover	<input type="checkbox"/> Visa	Security Code:							
Enter Account Number									

076 Metropolitan State University Fiscal Year : 2014

Contract Nbr : FOB :
 Contract Desc : Del :

Addl. Vendor Address :
 Vendor Nbr & Address : 0000192898-001 ST PAUL CITY OF FINANCE TREASURY DIV
 15 W KELLOGG BLVD
 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 Fees	100.00 %	180.00	Nancy Bagshaw R

Current PO Status : 450 Open Purchase Order MAY 09,2014 11:54:07
 PO processed by : MAY 09,2014 11:54:07 VIERZBKA VIERZBA KATRINA

#	Units Ordered	Unit of Measure	Unit Price	Disc. %	Extended Price
1	1.000	EACH	180.000		180.00
Fire Certificate of Occupancy - 645 7th St. E					
*** Purchase Order Total Amount					180.00

Additional Instructions
 Nancy Bagshaw-Reasoner/Diana McCollum

Memo Entries
 *** None ***



Internal Purchase Requisition 1400

FY	Cost Center(s)	Obj. Code(s)	Amount	SWIFT Vendor ID	PO #
2014	217550	2891	180.00	0000 192 898-001	83026

Contact person/requested by	NBR	Phone #	651.793.1711
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Vendor Name	City of Saint Paul - Dept of Safety + Inspections		
General/Order Address	375 Jackson St. St. Paul, Mn. 55701		
Vendor Phone	Vendor Fax	Vendor Email	

Description of Item or Service (Name/Location/Dates/Purpose/etc.)	How Many	Unit Price	Disc %	Unit Measure	Product No	Total Price
Fire Certificate of Occupancy — 645 7th St. E						\$180.00
Sales tax (for food orders)						
Shipping/Delivery						\$

NEED BY: asap

Total \$ 180.00

Date of event, due date for registration, and etc.

Nancy Bagshaw-Reasoner Nancy Bagshaw-Reasoner 5-8-14
 Signature of Cost Center Responsible Person(s) Printed Name Date

Additional approval (IT, Grants/Contracts) Printed Name Date