I N V O I C E

Accounts Receivable
Billing inquiries: 1-775-334-1228

Remit to: City of Reno, Nevada
Attn: Central Cashiering
P.O. Box 1900
Reno, NV 89505

CITY OF RENO, NEVADA
P.O. BOX 1900
RENO, NEVADA
89505

Customer #: 14898
Truckee Meadows Fire Protection District
Washoe County Manager's Office
1001 E 9th St
RENO, NV 89512

Invoice #: 2019-00150650
Billing Date: 04/19/2019
Due Date: 05/19/2019

Please remit this portion with your payment →	***$52,262.85***

DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PLEASE RETAIN BOTTOM PORTION FOR YOUR RECORDS

Truckee Meadows Fire Protection District
Washoe County Manager's Office
1001 E 9th St
RENO, NV 89512

If there are any questions, please call Accounts receivable at 775-334-1228.
City of Reno's Federal Tax ID is 88-6000201.
PLEASE NOTE -YOUR PAYMENT IS DUE UPON RECEIPT

Description		Qty	Unit Price	Total Price
Interlocal Agreement	FY 19 3rd Quarter Heart/Lung Claims	1	$52,262.8500	$52,262.85

Total Invoice
$52,262.85

CUSTOMER #	BILLING DATE	DUE DATE	INVOICE #	CHARGES
14898	04/19/2019	05/19/2019	2019-00150650	$52,262.85
			Balance →	**$52,262.85**

PAYMENT IN FULL IS DUE AND PAYABLE ON RECEIPT OF THIS INVOICE.
ANY BALANCE DUE BEYOND THAT LENGTH OF TIME WILL BE CONSIDERED DELINQUENT, AND INTEREST WILL BE CHARGED AT THE RATE OF 1% PER MONTH ON THE UNPAID BALANCE. RETURN TOP PORTION OF THIS INVOICE WITH YOUR REMITTANCE TO INSURE PROPER CREDIT.