

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
PO Box 11130
Reno, NV 89520

Invoice #: 2018-00150461
Billing Date: 07/23/2018
Due Date: 08/22/2018

Please remit this portion with your payment →	\$35,792.90
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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
PO Box 11130
Reno, NV 89520

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
Workers' Comp FY 17/18 4th Quarter Heart & Lung Claims	1	\$35,792.9000	\$35,792.90

Total Invoice
\$35,792.90

CUSTOMER #	BILLING DATE	DUE DATE	INVOICE #	CHARGES
14898	07/23/2018	08/22/2018	2018-00150461	\$35,792.90
Balance →				\$35,792.90

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.