

INVOICE

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 #: 2019-00150624
Billing Date: 10/22/2018
Due Date: 11/21/2018*

<i>Please remit this portion with your payment →</i>	<i>\$40,343.75</i>
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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
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Description		Qty	Unit Price	Total Price
Workers' Comp	FY19 1st Quarter - Heart/Lung Claims	1	\$40,343.7500	\$40,343.75

Total Invoice
\$40,343.75

CUSTOMER #	BILLING DATE	DUE DATE	INVOICE #	CHARGES
14898	10/22/2018	11/21/2018	2019-00150624	\$40,343.75
<i>Balance →</i>				\$40,343.75

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.