

# 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  
1001 E 9th St  
RENO, NV 89512*

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

<i>Please remit this portion with your payment →</i>	<b>\$52,262.85</b>
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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  
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

<b>Total Invoice</b>
<b>\$52,262.85</b>

CUSTOMER #	BILLING DATE	DUE DATE	INVOICE #	CHARGES
14898	04/19/2019	05/19/2019	2019-00150650	\$52,262.85
<i>Balance →</i>				<b>\$52,262.85</b>

## 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.