INVOICE

Date:

Vendor Name:

Vendor Address:

Purchase Order No:

Secretarial functions for the support of the _____

For Month Submitted:

Total Amount Approved:

For office use only
Approved By: _____
Date:

TAB/CAC Secretaries:

Please submit this invoice for payment & approval to:
Clark County Administrative Services
Attn: Dee Hale
500 S. Grand Central Parkway, 6th Floor
Las Vegas, NV 89155
Fax: (702) 455-3558