## **Your Company Name**



Your Company Slogan and/or Logo

Street Address City, ST ZIP Code Phone 702.555.5555 Fax 702.555.5555 DATE: INVOICE # PURCHASE ORDER #

Bill To:

DESCRIPTION
Operation HOME
North Las Vegas Emergency Solutions Grant - COVID 19
Description of Program:
Service Months:

**TOTAL** 

Make all checks payable to **Your Company Name**If you have any questions concerning this invoice, contact Name, Phone Number, E-mail

THANK YOU FOR YOUR BUSINESS!



April 20, 2025

## **AMOUNT**

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