|  |  |
| --- | --- |
|  **Name (exactly as it appears on W9)****Street** **Address****City / State / Zip Code****Phone Number****Email Address** **Vendor ID: 10000xxxxx** | INVOICE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| date: April 6, 2023 Invoice number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_purchase order number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **To:** **Museums & Cultural Affairs Dept.** **ATTN: MCAD Business Office** **400 W. San Antonio Ave., Suite A** **El Paso, TX 79901** | For: **Enter MCAD Division Here (example: Museum of Art, Downtown Art & Farmers Market, etc.)**   |
|   |

|  |  |  |
| --- | --- | --- |
| DESCRIPTION OF GOODS OR SERVICES RENDERED: | RATE OF PAY | AMOUNT: |
|  |  |  |
| **Item Description – Include Quantity and/or Date of Service**  | **$ xx.xx per hour** | **$ xx.xx** |
| **Item Description – Include Quantity and/or Date of Service**  | **$ xx.xx per class** | **$ xx.xx** |
| **Item Description – Include Quantity and/or Date of Service**  | **$ xx.xx per event** | **$ xx.xx** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  | **$ xx.xx** |
| Please make check payable to: **Vendor Name**Remit payment to: **Mailing Address****Street** **Address****City / State / Zip Code** |
| Thank you for your support! |

**PAYMENT:**

Payment will be made in accordance with the State of Texas Prompt Payment Act Texas Government Code, Title 10, Subtitle F, Chapter 2251.