

INVOICE

Name (exactly as it appears on W9)
Street Address
City / State / Zip Code
Phone Number
Email Address

DATE: SEPTEMBER 8, 2015
INVOICE NUMBER [REDACTED]
PURCHASE ORDER NUMBER [REDACTED]

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: | AMOUNT: |
|---|----------|
| Item Description – Include Quantity and/or Date of Service | \$ xx.xx |
| Item Description – Include Quantity and/or Date of Service | \$ xx.xx |
| Item Description – Include Quantity and/or Date of Service | \$ 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!