

Company Name*License#***INVOICE**

Street Address

City, ST ZIP Code

Phone: Enter phone Fax: Enter fax

INVOICE #: _____

INVOICE DATE: _____

TO:

Menlo Park Fire Protection District

ATTN: Jason Martin or Melanie Starz

170 Middlefield Rd

Menlo Park, CA 94025

FOR:

CLIENT# ENTER CLIENT NUMBER HERE

**PLEASE DO NOT INCLUDE CLIENT NAME,
DOB OR OTHER IDENTIFYING INFORMATION.**

SERVICE DESCRIPTION	SESSION DATE	SESSION# (CY 2024)	HOURS	RATE	AMOUNT	AMOUNT DUE
Session Description	2/22/2024	1/25	2	175.00	350.00	250.00
Session Description	3/2/2024	2/25	1	175.00	175.00	175.00
Session Description	4/2/2024	3/25	1	175.00	175.00	175.00
TOTAL						600.00

(Employee
pays \$100)

Make all checks payable to Your Company Name

Remit payments to: Your payment remittance address here