

**South Central Wyoming EMS JPB**

PO Box 1192  
Saratoga, WY 82331

**Invoice**

**Invoice #:** 189  
**Invoice Date:** 10/8/2023  
**Due Date:** 11/9/2023  
**Project:**  
**P.O. Number:**

**Bill To:**

Town of Saratoga  
PO Box 486  
Saratoga, WY 82331

Date	Description	Amount
10/8/2023	FY 2024 2nd Quarter Ambulance Service Payment	14,467.00

We appreciate your prompt payment.

<b>Total</b>	<b>\$14,467.00</b>
<b>Payments/Credits</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$14,467.00</b>

Phone #
(307) 380-3077

E-Mail
bookkeeper@scwems.org