

**South Central Wyoming EMS JPB**

PO Box 1192  
Saratoga, WY 82331

**Invoice**

**Invoice #:** 200  
**Invoice Date:** 1/11/2024  
**Due Date:** 2/12/2024  
**Project:**  
**P.O. Number:**

**Bill To:**

Town of Saratoga  
PO Box 486  
Saratoga, WY 82331

Date	Description	Amount
1/11/2024	FY 2024 3rd Quarter Ambulance Service Payment	14,467.00

We appreciate your prompt payment.

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

Phone #
(307) 380-3077

E-Mail
bookkeeper@scwems.org