## **South Central Wyoming EMS JPB**

PO Box 1192 Saratoga, WY 82331

## **Invoice**

**A**mount

**Invoice #**: 178 **Invoice Date**: 7/7/2023

**Due Date:** 8/6/2023

Project: P.O. Number:

## Bill To:

**Date** 

Town of Saratoga PO Box 486 Saratoga, WY 82331

Date		Description		Amount
7/7/2023	FY 2024 1st Quarte	r Ambulance Service Payment		14,467.00
Ve appreciate your prompt payment.			Total	\$14,467.00
			Payments/Credits	\$0.00
Phone #	ŧ	E-Mail	Payments/Credits  Balance Due	\$14,467.00

Description