Sacramento Healthy Heart
INVOICE

PAY TO THE ORDER OF:
Legal Name on Contract:
Address:
City, State:
Zip:

Invoice #:

Date:

PO #:

BILL TO:
CITY OF SACRAMENTO
Office of Arts + Culture
915 I Street, 3rd Floor
Sacramento, CA 95814

SCHOOL*	DATE OF EACH SESSION (i.e. 12/2, 1/25, 2/5)	NUMBER OF HOURS PER DAY	TOTAL # OF HOURS	HOURLY RATE	TOTAL
				$ 62.50	$ 0.00
				$ 62.50	$ 0.00
				$ 62.50	$ 0.00
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				$ 62.50	$ 0.00
				$ 62.50	$ 0.00
				$ 62.50	$ 0.00

*if more than one session at the same school please note difference.
(i.e. School: Time/Teacher/Art form. Example: *Deer Creek: 9am*)

$ 0.00

I confirm that the information above is correct

X _____

Signature