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|  | INVOICE **Invoice#: AG24-\_\_\_\_\_\_\_\_\_\_** **DATE:** Click or tap to enter a date. |

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| **Name/Organization:** Click or tap here to enter text.  **Address:** Click or tap here to enter text.  **City, State:** Click or tap here to enter text.  **Zip Code:** Click or tap here to enter text.  **Email:** Click or tap here to enter text.  **Phone:** Click or tap here to enter text. |
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| LA COUNTY VENDOR IDENTIFICATION NUMBER: Click or tap here to enter text.  Instructions for Registering as Vendor  <https://www.lacountyarts.org/county-vendor-information-and-resources> |

| Description of services | TOTAL |
| --- | --- |
| Advancement Grant Panel 2024 | $ 300.00 |

**Approve by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Arts and Culture Staff Signature)*