 **ARTS INTERNSHIP PROGRAM**

Invoice #: AIP2-1920

**\*Organization Legal Name:**

\*Main Address 1:    
Main Address 2:   
\*City:   
\*State:   
\*Zip Code:

**\*Vendor ID #:**

\*denotes a mandatory response

Please take a moment to check the [LA County Vendor Services](https://camisvr.co.la.ca.us/webven/) website to identify your Vendor ID # and verify that your address and Organization legal name are correct. If there is an error and your address or legal named needs to be updated, please reach out to vendor services and have them correct it **before** you submit this invoice. We are not able to process invoices that have addresses that do not match what is in the vendor services online database.

By submitting this invoice, I certify that all grant guidelines have been followed.

Contact Name:   
Contact Title:   
Contact Email:   
  
**90% Invoice Amount: $**

Date Submitted:

**Please email this invoice to** [**internship@arts.lacounty.gov**](mailto:internship@arts.lacounty.gov) **once all interns and supervisors have completed both the post survey and the thank you letters.**