 **Arts Internship Invoice #1**

**Organization Legal Name:**

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

\*Please take a moment to check the [LA County Vendor Services](https://camisvr.co.la.ca.us/webven/) website and verify that your address is correct. If there is an error and your address 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 submit this invoice to internship@arts.lacounty.gov**