

COUNTY OF SAN JOAQUIN

INVOICE

DATE _____

TO: _____

Make all checks payable to:
COUNTY OF SAN JOAQUIN
and remit together with one
copy of the Invoice to:

COUNTY AUDITOR-CONTROLLER
24 S. Hunter Street, Room 103
Stockton, CA 95202

PLEASE DIRECT INQUIRIES CONCERNING THIS BILL TO:

Credit Rev. Acct. _____

Date Received _____

Pay-in Number _____

TELEPHONE: _____

DESCRIPTION	AMOUNT
PAY THIS AMOUNT	

Billing for services and/or supplies as itemized above furnished by:

Department

Authorized Signature

Title