

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:

Jeffery M. Woltkamp, CPA  
44 N. San Joaquin Street, Room 550  
Stockton, CA 95202

PLEASE DIRECT INQUIRIES CONCERNING THIS BILL TO:

Credit Rev. Acct. \_\_\_\_\_  
Date Received \_\_\_\_\_  
Pay-in Number \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DESCRIPTION	AMOUNT
<b>PAY THIS AMOUNT</b>	<b>\$ -</b>

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

\_\_\_\_\_  
Department

\_\_\_\_\_  
Authorized Signature  
\_\_\_\_\_  
Title