

[Redacted]

INVOICE

Phone: [Redacted]

Email: [Redacted]

INVOICE #

DATE:

TO:

City of Hartford
Dept. of Families, Children, Youth & Recreation
550 Main Street, Rm. 305
Hartford, CT 06103

FOR:

Hartford UNITY Programming



| DESCRIPTION | AMOUNT |
|---|--------|
| Hartford UNITY Program Dates: [Redacted] to [Redacted] (Please provide additional details below) | Amount |

TOTAL [Redacted]

Make all checks payable to [Redacted]

Thank you for your business!