

[Redacted]

Phone: [Redacted]

Email: [Redacted]

# INVOICE

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!**