**City of Victorville Invoice Form - Contract Service**

| Date | |
|---|---|

| Business Name | Phone |
|---|---|

Address _____

_____

ZIP _____

| Date | # of Games | Program and Location | Cost/Game | Total |
|---|---|---|---|---|
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| **Totals** | | Notes: | | |

Signature

Invoices should be sent to the Hook Community Center by Monday 12 noon to be paid by the following Friday. Checks will be held until all paperwork is complete, including address and all information on this form, updated contract & business license

Hook Fax Number (760) 951-3804

Check one

| | |
|---|---|
| | Have my check ready for pick-up at Hook Community Center |
| | Please mail my check to the above address |