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| [Company Name] [Your Company Slogan] [Street Address]  [City, ST ZIP Code]  Phone [phone] Fax [fax] | INVOICE PPS CONTRACT NUMBER: |
| Invoice #[Number]  Date: [Click to Select Date] |

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| To: Kathy Gaitán  Funded Programs  Portland Public Schools  501 N. Dixon Street  Portland, OR 97227 | For: [Project or service description]  P.O. [Number] |

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Make all checks payable to [Company Name]

Thank you for your business!