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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 GaitánFunded ProgramsPortland Public Schools501 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!