



INVOICE

DATE: _____

INVOICE #: _____

PAYEE INFORMATION

NOTE: If payee is an individual and amount is \$600 or more, a completed W9 must be received before an invoice is paid. Please note library and program on W9 and mail to the CLA offices at the address listed below.

Please Cc the local librarian on invoice submission.

MAKE CHECK PAYABLE TO (INDIVIDUAL OR BUSINESS):

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE: _____

SEND INVOICE VIA EMAIL ONLY TO: HMACRISS@CALBOOK.ORG

MAILING ADDRESS FOR REFERENCE ONLY
CALIFORNIA LIBRARY ASSOCIATION
ATTN: CALIFORNIA CENTER FOR THE BOOK
1055 E COLORADO BLVD, 5TH FLOOR
PASADENA CA 91106

DESCRIPTION OF SERVICE

PLEASE ENTER DATE OF EVENT(S) HELD AND NAME OF LIBRARY. EXAMPLE: MAY 1, 2021 - ALAMEDA COUNTY LIBRARY BOOK TO ACTION.

PLEASE PAY THIS AMOUNT: _____