



INVOICE#: AG25-	
INVOICE DATE:	

Name/Organization:
Address:
City, State:
Zip Code:
Email:
Phone:
LA COUNTY VENDOR IDENTIFICATION NUMBER:

Instructions for Registering as Vendor https://www.lacountyarts.org/county-vendor-information-and-resources

DESCRIPTION OF SERVICES	TOTAL
Advancement Grant Panel 2025 Panel Date:	\$ 300.00

Approve by:	
	(Arts and Culture Staff Signature)