$\leq$	221 N Wapello St PO Box 533 Ottumwa, IA 52501		www.andersonlarkin.com april@andersonlarkin.com			
<b>)</b>	Phone: 641-684-5489 Fax: 641-683-1665	Invoice: 6 Date: 1	4560 Amount 2/21/23 Due Date	,		
	BLOOMFIELD, CITY OF 111 WEST FRANKLIN ST BLOOMFIELD, IA 52537		Beginning Balance Invoices Receipts Adjustments Service Charges Amount Due	\$0.00 9,750.00 0.00 0.00 \$9,750.00		
NAL	nvoice is for the following services rendered for BILLING FOR THE AUDIT OF THE JUNE 3 EMENTS.	THE RESIDENCE OF THE PARTY OF T		9,750.00		
AII	LIVILINI'S.		Billed Amount	\$9,750.00		
			Invoice Total	\$9,750.00		

%_	Please return	this portion wit	h payment.	Thank you fo	r your promp	t payment.

Invoice: 64560 Date: 12/21/2023	Amount Due: \$9,750.00  Payment Amount: \$	ID: 0965 BLOOMFIELD, CITY OF
Due Date: 01/05/2024	Payment Type: ☐ Check ☐ Credit Card	
Invoices are due upon receipt. Your prompt payments is appreciated. All balances over 30	Card Type:	VISA DISCOVER
days will be assessed a service charge of 18% with a minumum of	Card #:	Exp Date:
<b>\$</b> .55.	Signature:	