

A-6



THANK YOU FOR REMITTING YOUR PAYMENT TO:  
ATTN: OPERATING ACCOUNT  
PO BOX 441  
DES MOINES, IA 50302  
(913) 851.4730

----- INVOICE -----

City of La Vista  
8116 Park View Boulevard  
Attn: Pamela A Buethe  
La Vista, NE 68128

Invoice Date 10/11/19  
Invoice No. 517523  
Bill-To Code CITLAVPC  
Client Code CITLAVPC  
Inv Order No. 117\*600014

Named Insured: City of La Vista

Amount Remitted: \$

Please return this portion with your payment.

Make checks payable to: Charlesworth Consulting, LLC

Effective Date	Policy Period	Coverage Description	Transaction Amount
09/18/19	09/18/19	Charlesworth Consulting Policy No. 001 Fee Prop Casualty - C-Consulting Servi  RFP Project  Invoice Number: 517523	7,500.00
		Amount Due:	7,500.00
<p>01.28.0305 Consent Agenda 11/5/19 (pb)</p>			
*Premiums Due and Payable on Effective Date			

10/10