



Lake Havasu City

2330 McCulloch Blvd. N.
Lake Havasu City, AZ 86403
928-855-2116

AccountsReceivable@lhcaz.gov
www.lhcaz.gov

Invoice Date 11/29/2023
Customer Number **25060**
TEST CUSTOMER
2330 MCCULLOCH BLVD
LAKE HAVASU CITY, MOHAVE, AZ
86403

INVOICE

140000

No.	Description	Quantity	Unit Price	Amount
1	Current Month Health Coverage	1	650	650.00
Total				650.00

Payment Terms Net 30	Due Date 12/29/2023	Balance Due \$650.00
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Send payment to
PO Box 5142
HARLAN, SHELBY, IA 51593-0642

Payment Options: Check or Money Order, Cash, Automatic Bank Debit, Visa, MasterCard, American Express and Discover.
Online payment available at www.lhcaz.gov. Call 928-855-2116 ext. 4581 to set up Automatic Bank Debit option.

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PLEASE FOLD ON PERFORATION BEFORE TEARING - RETURN BOTTOM PORTION WITH YOUR PAYMENT
MAKE CHECKS PAYABLE TO LAKE HAVASU CITY - YOUR CHECK MAY BE CONVERTED TO ELECTRONIC FUNDS FOR CLEARING PURPOSES.

Payment Coupon

Customer Number: 25060

Total Amount Due: \$650.00

Due Date: 12/29/2023

Amount Enclosed:

TEST CUSTOMER
2330 MCCULLOCH BLVD
LAKE HAVASU CITY, MOHAVE, AZ 86403

Remit To:
PO Box 5142
HARLAN, SHELBY, IA 51593-0642

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