

ALLIANCE ON AGING  
247 Main St  
Salinas, CA 93901 US  
mperez@allianceonaging.org

# Invoice

**BILL TO**

Supervisor Luis Alejo

**SHIP TO**

Supervisor Luis Alejo

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
04 29 26 Alejo	04/29/2026	\$10,000.00	05/29/2026	Net 30	

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	4000	Program Support	1	10,000.00	10,000.00

BALANCE DUE

**\$10,000.00**

## Ways to pay



[View and pay](#)