Remi Vista, Inc

Date: 6/5/2026
Client Name [redacted]
Invoice # 5312026
UCI# 6337878

Mail To:
Name: Tehama County

Description					
Date	*MONTHLY FEE*	*SERVICE CODE*	*Discription of services*		*Amount Due*
4/1/26-4/30/26	$853.92	321	Board and Care		853.92
			Subtotal		853.92
			Balance Due from Previous Invoice		
			Total		853.92

Remit Payment To:
Remi Vista, Inc.
P.O. Box 494100
Redding, CA 96049-4100

Billing Questions?? Please call Tracey (530) 245-5805 tmonson@remivista.org

Tracey Monson

Tracey Monson
Agency Operations