

# INVOICE

Name and Last Name  
Address  
City, State Zip  
Email:  
Phone:

Date:

Company/Individual Billed (example NACCS)  
STREET ADDRESS  
CITY, STATE ZIP

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Services Rendered: (describe what you are seeking payment for in detail. For example:

Performance at campus annual celebration of Whatever  
Date  
Location

Amount Due:

TAX ID NUMBER: (SSN, TIN, EIN)

Send payment to: (if same as above, copy address).