|  |  |  |
| --- | --- | --- |
| **Name**  ***Address:***  xxx  xxx, NY 00000  phone: (716)  email: |  | **ESTIMATED INVOICE**  **Date:**  **Due upon receipt** |

**To:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Lancaster Community Education**  ***Lancaster High School***  1 Forton Dr  Lancaster, NY 14086  (716) 686-3262  communityeducation@lancasterschools.org |  |  |
|  | Attn: Dr. Ami L. Alderman |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROGRAM** | **DATES - # STUDENTS @ $0.00 EA = $** | | **SITE** | **AMOUNT** |
|  |  | Invoice for each student @ $0.00 = $ | Lancaster Community Education | $ |
|  |  |  |  |  |
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| TOTAL DUE UPON RECEIPT | | | | $ |