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

**To:**

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Lancaster Community Education*****Lancaster High School***1 Forton DrLancaster, 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 | $  |