INVOICE

Name _____

Address _____

_____

INVOICE DATE:_____

BILL TO:

Washingtonville Teacher Center
1314 Round Hill Road
Washingtonville, NY 10992
(845) 497-4065

DATE	DESCRIPTION	UNIT PRICE	LINE TOTAL
		SUBTOTAL	
		SALES TAX	
		TOTAL	

_____

Signature/Date

REMITTANCE

Date:
Amount Due:
Amount Enclosed: