INVOICE

Family Partnership Correspondence School

Invoice #		Date:	
Service Provider:		Contact Name:	
Email:		Phone:	
Address:		State/Zip:	

STUDENT

This invoice is for:

MONTH | **QUARTER** Q1 Q2 Q3 Q4 | **SEMESTER** S1 S2

SUBJECT	DATE of SERVICE	COST per LESSON	# of LESSONS	AMOUNT

TOTAL $ 0.00

COMMENTS

INTERNAL USE ONLY:

AMOUNT PAID: DATE:

4400 Business Park Blvd, Ste B -22,
Anchorage, AK 99503

907 742 3700

www.asdk12.org/familypartnership