



WAYNE - FINGER LAKES
Board of Cooperative Educational Services

INVOICE

INVOICE #: _____

DATE: _____

Name: _____

Address: _____

City: _____

Phone: _____

BILL TO:

Wayne-Finger Lakes BOCES, Enrichment Services
131 Drumlin Court
Newark, NY 14513
Mary Harvey

Description	Amount
Project: Title of Program: _____ Specifications: School assemblies and workshops focusing on: _____	\$
Project Start Date: _____ Project End Date: _____	
Total:	\$

Make all checks payable directly to: _____

If you have any questions concerning this invoice, contact as shown above.

Signature:

THANK YOU FOR YOUR BUSINESS!