(your name)
(address)
(city, state, zip)
(phone)

INVOICE

INVOICE NUMBER: _____

PO NUMBER: _____

DATE: _____

TO:
Bridgeport Board of Education
Business Office – Room 320
45 Lyon Terrace
Bridgeport, CT 06604

DESCRIPTION (WITH DATES IF APPLICABLE)	HOURS	RATE	AMOUNT
		TOTAL	