O Fall O Winter O Spring O Summer

Class# & Name:

_____ _____

Invoice

Invoice Date: _____

From: UVID: _____

Name: _____

Address: _____

_____

Phone#: _____

To:
UVU Community Education
800 W University Pkwy, MS-147
Orem, UT 84058

Items / Supplies given to each student:

Quantity	Description	Unit Price	Total

Total Cost Per Student:	$
Number of Students:	X
TOTAL DUE:	$========

_____

Signature