

---

## COMPANY NAME OR YOUR NAME

# INVOICE

Your Phone  
Your Email

Your Address  
1234 Main Street  
Anytown, State  
ZIP

Attention: Myra Kaha  
Director of Continuing Education  
Continuing Education at North Seattle College  
9600 College Way North  
Seattle, WA 98103

Date: 9/13/23

Quarter:  
P.O. Number: 12345  
Invoice Number: 67890

Class Title   Class Item #	Fee/Hrs	# of Hrs	Amount Due
		Subtotal	\$0.00
		Total	\$0.00

Thank you for your business! Please make check out to the name below and mail payment to:

Your Name  
Your preferred check mailing address

Thanks!

---