

INVOICE

Outside Vendor name:

Students ID:

Address:

City, State, Zipcode

Email:

Cell Phone:

Today's date:

Event Date :

Student Org name

Client:

Wesley College

120 North State St

Dover, DE 19901

Phone 302.736.2593

DESCRIPTION	AMOUNT
Name of Event:	
Type of Services Provided:	
Event Date:	
Setup time	
Event Start and End time	
Breakdown by	
Name of provider:	
If the event has not been approved or canceled because of weather or natural disaster, no fee will be paid.	
Total Amount Due:	
Payment Due Date	
	TOTAL Due

Make all checks payable to

If you have any questions concerning this invoice call

THANK YOU FOR YOUR BUSINESS!