

SERVICE INVOICE

Ibj c]WV'8UhY

(Name)

Invoice #

SERV

For invoice number enter the date of service
using the following format 05062013

(Address)

(City, State, Zip)

BILL TO University of Arizona South
1140 N Colombo Ave
Sierra Vista, AZ 85635

520-458-8278

DESCRIPTION OF SERVICES BEING PROVIDED (INCLUDE DATES OF SERVICE)	FEE
TOTAL	

Make check payable to _____

THANK YOU FOR YOUR BUSINESS!