

Your name here

eMentor Program INVOICE

Your Address

Your Phone Number

INVOICE #[**100**]
DATE: OCTOBER 29, 2009

TO:

Name of Agency
Agency Address

FOR:

Description of Service (e.g.- eMentor, or Mentor Coordinator)

Agency Phone Number

DESCRIPTION	HOURS	RATE	AMOUNT
		TOTAL	

Make all checks payable to 'Your Name Here'
Total due in 30 days.

Thank you!