

INVOICE

Name of Person or Organization:

Address:

Phone:

Email:

Tax id #:

BILL TO:
 Duke University Divinity School
 Thriving Rural Communities
 Box 90968
 Durham, NC 27708
 (919) 660-3447

DATE:

DESCRIPTION OF WORK, PRODUCTS, OR SERVICES	HOURS	RATE	AMOUNT
		SUBTOTAL	\$ -
		TAX RATE	
		SALES TAX	-
		OTHER	
		TOTAL	\$ -