

Roselle Middle School

Music Department Memo

Marc Cash
Director of Bands

Kathleen Schneider
Principal

ROSELLE BAND BOOSTERS
INVOICE

FROM: _____
(NAME)

(DATE)

(STREET)

(CITY) (STATE) (ZIP)

(SOCIAL SECURITY # - NOT REQUIRED FOR PAYMENTS UNDER \$600)

TO: ROSELLE BAND BOOSTERS
ACCOUNTS RECEIVABLE
500 S. PARK ST.
ROSELLE, IL 60172
(630) 529-1600

PAYMENT IS REQUESTED FOR:

(PLEASE LIST THE SERVICE PROVIDED AS ACCURATELY AS POSSIBLE. IF REIMBURSEMENT, PLEASE ATTACH RECEIPT OR LIST PURCHASED ITEMS BELOW)

<u>DESCRIPTION</u>	<u>DATE</u>	<u>AMOUNT</u>

TOTAL \$ _____

CERTIFICATION:

I CERTIFY THAT THIS IS A TRUE AND JUST INVOICE FOR WHICH PAYMENT HAS NOT BEEN RECEIVED.

(SIGNATURE)

ALL PAYMENTS WILL BE REMITTED WITHIN 30 DAYS OF INVOICE