INVOICE

Family Partnership Correspondence School

Invoice #		Date:	
Service Provider:		Contact Name:	
Phone:		Email:	
Address:		State/Zip:	

STUDENT NAME	DATE OF SERVICE	NUMBER OF LESSONS	COST PER LESSON	AMOUNT
			SUBTOTAL	
			TOTAL	

COMMENTS

Internal Use Only:

Amount Paid:		Date:	

4400 Business Park Blvd., Ste. B-22,
Anchorage, AK 99503

(907) 742 3700

www.asdk12.org/familypartnership