

INVOICE

Pay To:

Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____
EIN or SSN #: _____

Date: _____

Course: _____

Bill To:

Yarmouth Community Services
200 Main Street
Yarmouth, ME. 04096
(207) 846-2406

| DESCRIPTION | AMOUNT |
|-------------|--------|
| | |
| TOTAL DUE: | \$ |