REMIT TO:	and the second of	INVOICE
Consultant Na	me:	HAVOICE
Addr	ess:	
	INVOICE #: DATE:	
TO: Office of 2199 S.	y of Denver f Research and Spor University Blvd CO 80208	nsored Programs
AGREEMENT #	PURCHASE ORDER #	PAYMENT TERMS
	8	Due on receipt

AGREEMENT #	PURCHASE ORDER #	PAYMENT TERMS
		Due on receipt

DATE(S) OF SERVICE	DESCRIPTION	RATE PER HOUR	AMOUNT
45			

TOTAL DUE