INVOICE

| Pay To: | |
|-------------------|---------|
| Name: | Date: |
| Address: | |
| City, State, Zip: | Course: |
| Phone #: | |
| EIN or SSN #: | |

Bill To:

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

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