|  |  |
| --- | --- |
| INVOICE-Date: November 6, 2018 |  |
| From:Organization Name Organization AddressOrganization City, State, Zip | To | University of Colorado DenverDepartment of Family MedicineAttn: Natalie Buys12631 E 17th Avenue, F496Aurora, CO 80045 |  |  |
|  | payment terms |
| INVOICE#  | Due on Receipt |
|  |
| description | total |
| *Completion of 5 session trainings*

|  |  |
| --- | --- |
| Date of Visit: | Session Number |
|  | 1 |
|  | 2 |
|  | 3 |
|  | 4 |
|  | 5 |

 | Amount requesting $1200.00 |
|  |  |
|  |  |
|  |  |
| total due | $1200.00 |
| Billed to Date |  |