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| --- | --- | --- | --- | --- |
| INVOICE- Date: November 6, 2018 | | |  | |
| From:  Organization Name  Organization Address  Organization City, State, Zip | To | University of Colorado Denver  Department of Family Medicine  Attn: Natalie Buys  12631 E 17th Avenue, F496  Aurora, 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 | | | |  |