STUDENT ORGANIZATION NAME GOES HERE
LOGO (IF ANY)

INVOICE

Date: Date
INVOICE #

To

Eastern Michigan University
Dept.
Building/Location
Contact person
Phone
email

		Payment Terms	Due Date
		Net 30	

	Description of Expense		Line Total
		Subtotal	
		Total	

Contact Information Street Address City, ST ZIP Code Phone: Phone Fax: Fax Email