INVOICE

INVOICE # _____

DATE: _____

SERVICE PROVIDER: _____

CONTACT NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____ ZIP _____

SIGNATURE: _____

FAMILY PARTNERSHIP CHARTER SCHOOL

401 East Fireweed
Anchorage, AK 99503
907-742-3700
742-3710-fax
www.fpcs.net

JoAnne Zimmerman - Ext. 4486
joanne@fpcs.net

STUDENT NAME	DATES OF SERVICE	NUMBER LESSONS	COST PER LESSON	AMOUNT

COMMENTS:

SUB-TOTAL	
TOTAL	

THANK YOU!

Internal Use Only

Amount Paid:	
Date:	