

INVOICE

Date: MM/DD/YYYY

[Name of Payee]
[Address of Payee]
[City, State Zip]
[Phone]

<i>Initiating Department:</i>
<i>Name of Dept Contact:</i>
<i>Contact Phone Number:</i>

Bill To:
St. Petersburg College Attn: Accounts Payable PO Box 13489 St. Petersburg, FL 33733

Description	Amount
<i>[Please include date of service or event in description (see example)]</i>	

Balance Due	\$0.00
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