

Invoice

Remit Payment to:

_____ (Name)

_____ (Address)

_____ (Email address)

_____ (Phone)

Date	
___/___/___	

Bill To
Madison Arts - City of Madison P.O. Box 2985 Madison, WI 53701-2985

		Amount
Description: _____ _____ _____ _____ _____		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		Total \$ _____
		Payments/Credits
		Balance Due \$ _____