

INVOICE

Date: _____

Individual or Business Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Bill To:

Blue Ridge Discovery Center

6402 Whitetop Rd

Troutdale, VA 24378

(276) 293-1232

Please list the program or area you worked on in the "Item" column followed by a short "Dates/Description" of activities.

If you worked on separate programs, please include as separate line items.

Include mileage reimbursements per program on separate line items at a rate of \$.26/mile.

| Item | Dates/Description | Quantity | Rate | Amount |
|--------------|-------------------|----------|------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | \$ |

Additional Notes: