

INVOICE

BILL FROM:

INVOICE DATE

BILL TO:

Calhoun County Schools 540 Alan B. Mollohan Drive MOUNT ZION WV 26151

PO # _____

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
		TOTAL	\$

PAY THIS AMOUNT

Above itemized goods and/or services have been delivered to Calhoun County Schools, according to agreed upon terms and conditions.

Sign: _____

Date: _____