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| Date Ad Ran | Size of Ad | Sales Rep | Description of Ad | Total Inches | Discount/Credit | Price/Inch | Total |
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|  |  |  |  |  |  |  |  |
|  | Subtotal |  |
| **Balance Due** |  |

*Please make checks payable to:*

*Your School Name*

|  |  |
| --- | --- |
| REMITTANCE |  |
|  |  |
| Date: |  |
| Amount Due: |  |
| Amount Enclosed: |  |

#### Bill To:

 Primary Business Address Address 2 City, ST ZIP Code

Phone: (340) 555-0167 E-mail: someone@example.com Web site: www.treyresearch.net

  

|  |  |
| --- | --- |
| Invoice Date: | *6/21/2016* |

Street Address

Address 2

City, ST ZIP Code

## InvoicE

NAME OF NEWSPAPER