



# INVOICE

Not to be used for membership

School Address

Date \_\_\_\_\_

PO # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

Total \_\_\_\_\_

**Please** make check payable to  
Michigan School Vocal Music Association  
Return a copy with your remittance.

Send with a check to:

PO Box 1131

Big Rapids MI 49307