

Invoice

Therapeutic Services Fund

Your Company Name

Your Business Address

City

Country

Postal

BILL TO:

BIPOC Alliance

Foothills Unitarian Church

1815 Yorktown Ave

Fort Collins, CO 80526

Client's Initials

XX

DATE

00/00/0000

INVOICE DUE DATE

00/00/0000

DATE	SERVICE	FEE
00/00/0000	Description	\$000.00
00/00/0000	Description	\$000.00
00/00/0000	Description	\$000.00
00/00/0000	Description	\$000.00
00/00/0000	Description	\$000.00
00/00/0000	Description	\$000.00

NOTE:

[METHOD OF PAYMENT: EFT, Venmo, CashApp, Paypal]

TOTAL

\$00.00