** Invoice**

|  |
| --- |
| **Date** |
|  |

**Your Chapter Name**

**Your Chapter Address**

**Your Chapter City/State/Zip**

**Your** **Chapter Web Page URL**

[**Your**](http://www.ACAPcommunity.org) **Chapter email address**

**Your Chapter phone number**

|  |
| --- |
| **Bill To** |
|  |

|  |  |  |
| --- | --- | --- |
| **Description** | **Amount** | **Due Date** |
|  |  |  |
|  |  |  |
| **Total** |  |  |

**Please pay by Check, Fund Transfer or PayPal** *(if your chapter sets up a PayPal account)*

*(You will want to provide information about how to pay via PayPal, checks and/or fund transfer:*

**Pay by check:**

**Please make checks to:**

**Mail to:**

**Pay by fund transfer:**

**\_\_\_\_\_\_\_\_\_ Bank**

Routing #

Account #

**Pay by PayPal:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**