

INVOICE

DATE:

P.O. #:

BILL TO: Mesa Unified School District #4
Accounts Payable
143 S. Alma School Road
Mesa, Arizona 85210-1096

**MAKE CHECK
PAYABLE TO:**

**ITEMIZED DESCRIPTION
OF GOODS OR SERVICES
PROVIDED:**

TERMS: DUE ON RECEIPT

AMOUNT DUE:

OK TO PAY: _____
Authorized Signer & Date

COMMENTS OR SPECIAL INSTRUCTIONS: