

INVOICE

Mesa Public Schools

Date of Purchase _____

Vendor Name _____

Vendor Address _____

Vendor City & State _____

School Name _____

Club or Dept. Name _____

Items Purchased	Qty	Price	Total
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Subtotal \$ _____

Purchaser Signature _____

Tax \$ _____

Administrator Signature _____

Total \$ _____

- or -

Store/Business Stamp