Make all checks payable to “**Insert Name Here**” total must be sent to Alpha Sigma Phi – **Enter Designation** by **Date**.

If you have any questions, please reach out to **insert contact info here**.

Thank you for attending!

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| --- | --- |
| Invoice No. | Date |

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| Bill To | Ship To | Instructions |
| Name Street Address  City, ST ZIP Code | Same as recipient | Add additional instructions |

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| Quantity | Description | Unit Price | Total |
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| Subtotal |  |
| Sales Tax |  |
| Shipping & Handling |  |