

Date: 12/15/2016

INVOICE

Bill to:

Remit Payment to:

Mike Lenahan
SCBP
P.O. Box 17342
Indianapolis, IN 46217

NET 30 Days

Quantity	Description	Amount
1	2017 Membership Dues	\$120.00
<u>Make Checks Payable to: SCBP</u>		
Retain this copy for your records		
TOTAL		\$120.00

-----Cut on this line-----

SCBP Member Dues (Remit with payment)

From: _____

Amount: \$120.00 Date Paid _____ Check # _____