

Name **or** Business Title

Address

Address 2

Phone

Email

Social Security Number **or** UBI#

Invoice Submitted To:

North Seattle Community College

Continuing Education

9600 College Way N

Seattle, WA 98103

Date of Invoice

Date

Description

Fee

Date of Class

Quarter (Ex: Spring Quarter)

Amount Due for this class

4- digit Item Number (Ex: 7225)

Class Title (Ex: Introduction to Reiki)

Payment Breakdown (Ex: 5 students x \$39 x 40% = 97.50)

Can add a 2nd class here

Total Due

Total Amount Due

Electronic Signature: Sign Here