

AFTER SCHOOL MATTERS
 66 East Randolph Street
 Chicago, Illinois 60601
 Phone: (312) 742-4182
 Fax Number: (312) 742-6631

Make All Checks Payable to:

Name: _____

Email: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Mail

Hold for Pick Up

DESCRIPTION	AMOUNT
Date: _____	
TOTAL	

Signature is Required to Process this Invoice

Program Information

(If Applicable)

 Instructor/Liaison Signature

Instructor Name: _____

Program Name: _____

Contract ID#: _____

 Program Specialist Name and Signature

Session: _____