

INVOICE

For Services Provided To:
Peterborough New Horizons Band
7 Laurel Circle
Peterborough, ON
K9J 7G5

From:

Address:

Date Invoice Submitted:

Phone:

DATE	BAND	INSTRUMENT COACHED (if invoice is for Coaching)	# OF HOURS	UNIT PRICE (\$/HR)	AMOUNT (\$)

TOTAL AMOUNT DUE (\$):