

Invoice

Date: _____

Name: _____

Phone: _____

Address: _____

Soc. Sec#: _____

TO: Project WILD Coordinator ADFG

Wildlife Conservation

333 Raspberry Rd

Anchorage, AK 99518-1599

907-267-2216 Fax 907-267-2433

| DESCRIPTION | Amount |
|--|--------|
| Professional services as a wildlife education presenter/instructor at _____ for the _____ school district on _____. | |
| TOTAL | |

SAMPLE