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|  | INVOICE |
| [Company Name] | Date:[Click to Select Date] |
| REMIT PAYMENT TO: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| To | Melanie leach  MDI Biological Laboratory  PO Box 35  Salisbury Cove, ME 04672  207-288-9880  mleach@mdibl.org |  |  |

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| DESCRIPTION | TOTAL |
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| total due | $500.00 |

**Make all checks payable to** [Company Name]