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

|  |  |  |  |
| --- | --- | --- | --- |
| To | KateLynn WhitneyMDI Biological LaboratoryPO Box 35Salisbury Cove, ME 04672207-288-9880 kwhitney@mdibl.org |  |  |

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

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