

# INVOICE

TO: USTA Colorado  
3300 E. Bayaud Avenue, Suite 201  
Denver, CO 80209

FROM: *Name*  
*Address*  
*City, State zip*  
*Phone*  
Social Security #:

For clinician services rendered on the following:

**School Name**

Date:

# of assemblies

Mileage (\$.55/mile)

**Total remuneration of:**

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Signature

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Date