

## INVOICE

## **Culture Collision**

ATTN: Hallie Sheck/ WWNO 2000 Lakeshore Drive, RM 450 NOLA 70148 504-280-7002 hscheck@wwno.org

INVOICE NO.	2018(plus org name)
DATE	6/5/2018
Org Name	

**Participating Organization Info** 

Enter full name:
Ore Name:
Street:
City, ST and Zip:
Phone:

Culture Collision PAYMENT TERMS

Reservation for 1 six ft table and 2 chairs at Culture Collision 10 Due on receipt

DESCRIPTION	QUANTITY	AMOUNT	TOTAL
Select amount based on payment date:			
Select amount based on payment date.			
Pay by June 30th	1.00	\$75.00	
Pay after June 30th	1.00	\$100.00	
,	2.00	Ψ100.00	

Enter amt:	

Make all checks payable to: **WWNO/UNO Foundation** 

Mail checks to address above and If you have any questions concerning this invoice, contact Hallie Sheck, 504-280-7002 or hsheck@wwno.org