



INVOICE

Culture Collision

ATTN: Jameeta Youngblood/WWNO
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INVOICE NO. 2019 _____
DATE 6/19/19 (org name) _____
Org Name _____

Participating Organization Info

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

Culture Collision

PAYMENT TERMS

Reservation for 1 four ft table and 2 chairs at Culture Collision 11

Due on receipt

DESCRIPTION	QUANTITY	AMOUNT	TOTAL
Select amount based on payment date:			
Pay <i>before</i> July 12th	1.00	\$75.00	
Pay <i>after</i> July 12th	1.00	\$100.00	

Enter amt:

Make all checks payable to:
WWNO/UNO Foundation