

Date:

Inv #

Remit Payment to:

INVOICE INFORMATION

STARSI Grant

540

Payment for:

1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

circle one

Brief Description of Expenses:

Signature and Title: \_\_\_\_\_

Amount of Invoice: \$ 3,000

INSTRUCTIONS:

1 - Review. Call AdCare about changes

2 - Photocopy onto letterhead

3 - Sign and Date form.

4 - Submit invoice two weeks prior to the beginning of the quarter .

Send to: AdCare Educational Institute, 75 Stone Street, Augusta, ME 04330 ATTN: Heidi Rioux