

**CAMP**

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# BOB COOPER

# INVOICE

8001 M W Rickenbaker Road  
Summerton, SC 29148  
(803) 478-2105

DATE: \_\_\_\_\_

CONTRACT #: \_\_\_\_\_

**INVOICE TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMIT TO:**

**Clemson University**  
Accounts Receivable  
391 College Ave. Suite 301  
Clemson, SC 29634  
Federal ID # 57-6000254

PROGRAM TYPE	Date(s)

DESCRIPTION	PER PERSON	QUANTITY	TOTAL PRICE
			<b>SUBTOTAL</b>

PAYMENTS RECEIVED	DATE	AMOUNT	TOTAL
			<b>SUBTOTAL</b>

<b>TOTAL DUE</b>	
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