

CAMP

BOB COOPER

INVOICE

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

DATE: _____

CONTRACT #: _____

INVOICE TO:

REMIT TO:

Clemson University
 Clemson University -AR
 PO Box 931616
 Atlanta, GA 31193-1616
 Federal ID # 57-6000254

PROGRAM TYPE	Date(s)

DESCRIPTION	PER PERSON	QUANTITY	TOTAL PRICE
SUBTOTAL			

PAYMENTS RECEIVED	DATE	AMOUNT	TOTAL
SUBTOTAL			

TOTAL DUE	
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