

CAMP LONG

82 Camp Long Road
 Aiken, SC 29805
 (803) 649-9512

INVOICE

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
			SUBTOTAL

PAYMENTS RECEIVED	DATE	AMOUNT	TOTAL
			SUBTOTAL

TOTAL DUE	
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