



INVOICE

Bill From:

Invoice Date:

Crystal Point CNA Training School
 32105 First Avenue S. Suite B2, Federal Way, WA 98003
 P: 253-874-0516
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Class #:

Class Dates:

Bill To:

Name:

Email:

Phone:

ITEM	DESCRIPTION	UNIT COST	QUANTITY	TAX	LINE TOTAL	MISCELLANEOUS
1						
2						
3						
4						
5						
6						
7						
8						
THANK YOU FOR YOUR BUSINESS					SUBTOTAL	
					TAX 10%	
Dee Stroud, Administrator 206-819-0361					TOTAL DUE	