

INVOICE

Total

Sports for the Mind

Date:_____ Name:_____

Organization: _____

Address: _____

Phone: _____

Salesperson	dol	Payment Terms	Due Date
Prof. Kristine Craven			November 30

Quantity	East Tennessee FLL Qualifier Registration Fee	Unit Price	Line Total
1	Team#:	\$75.00	\$75.00
1	Team#:		
		Subtotal	
lf you a	re paying for more than one team, please fill in the above	Sales Tax	

table as needed. Use additional pages if needed.

Make all checks payable to Tennessee Tech University and include a copy of this invoice with your payment.

Mail payment with FIRST Consent documentations to:

Prof. Kristine Craven c/o Tennessee Technological University Clement Hall 321, P.O. Box 5002 Cookeville, Tennessee 38505