

S. A. S. C. A.

INVOICE FORM



INVOICE

Date \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Name \_\_\_\_\_

Teacher Certificate # \_\_\_\_\_

Email Address \_\_\_\_\_

Invoice # \_\_\_\_\_

| Quantity | Description      | Unit Price         | Total   |
|----------|------------------|--------------------|---------|
| 1        | SASCA MEMBERSHIP | \$25.00            | \$25.00 |
|          |                  |                    |         |
|          |                  | <b>Subtotal</b>    | \$25.00 |
|          |                  | <b>Tax</b>         | \$0.00  |
|          |                  |                    |         |
|          |                  | <b>Balance Due</b> | \$25.00 |

*All Cheques Payable To:*

S. A. S. C. A.  
c/o Jana Fisher  
Box 1418  
Wynyard, SK S0A 4T0