

Invoice



Bill To:

Invoice #:
Invoice Date:

Date	Consultant/Polus Contact	Company Contact	Terms	Tax ID #

Description of Services	

Balance Due	\$
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Please make check payable to Polus Center, Tax ID#

Please send to:
Polus Center
134 High St.
Clinton, MA 01510

Phone: 978-368-1550
Fax: 978-368-4237
Email: bcalder@poluscenter.org