**<Name of Library>** INVOICE

|  |  |
| --- | --- |
| <Library address and other contact information> | **DATE: 10/6/14**INVOICE #  |

|  |  |
| --- | --- |
| **Bill To:**<Library to be billed> | **For:**<Lost or Damage Items> |

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **Quantity** | **Per Item Cost** | **AMOUNT** |
| <Title and barcode of item to be paid> | 1.00 |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  | **TOTAL** |  |

Make all checks payable to **<Name of Library>**

**THANK YOU FOR BEING A PART OF MISSOURI EVERGREEN!**