

INVOICE      Date: \_\_\_\_\_

Attach Receipts Here

To: Humboldt Woodworking Society

P O Box 626

Arcata, CA 95547

From: Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Item	Vendor	Purpose (Program / Fund)	Amount
Total			

Note: All expenditures on behalf of HWS must be authorized in advance. No reimbursement will be made without Invoice and receipts.