CIVIL AIR PATROL

Performing Missions for America!

INVOICE

ADDRESS: _____

_____

INVOICE #_____

PHONE: _____

DATE:_____

TO:
Coalinga-Huron Unified School District
657 Sunset Street
Coalinga, CA 93210
559-935-7500

FOR:

DESCRIPTION	AMOUNT
TOTAL	

Make all checks payable to _____

If you have any questions concerning this invoice, contact Squadron Commander, Huron Cadet Squadron

HCS FORM 87B, AUG 07