

INVOICE



SSPRPA
C/O Tracy Wrase
701 W Haven Ave.
New Lenox, IL 60451
815 485-3584
Fax 815-485-3589
twrase@newlenoxparks.org

To

<i>Description</i>	<i>Total</i>
Meal Fee for SSPRPA Monthly Meeting - \$10.00 per Person	
	<i>Total Due</i>

Make all checks payable to SSPRPA ATTENTION: Tracy Wrase
Thank you for your business!