
CAAE INVOICE

Attention: Sibyl O'Malley

Date:

California Alliance for Arts Education
495 E. Colorado Blvd.
Pasadena, CA 91101

Submit Payment to:

Name:

Address:

Phone:

Social Security # or Tax ID #:

PROJECT DESCRIPTION:

TERMS: 30 Days

| Description | | Total Amount |
|-------------|--|--------------|
| | | \$ |
| | | |

Total Billable Amount