

INVOICE



Date: _____
Invoice #: 500PS

ASSISTING PEERS: INDIVIDUAL AND GROUP CRISIS INTERVENTION

CABLE, Inc.
82 Cottonwood Road
Newington, CT 06111
203-848-0320
Lcp@cableweb.org

AGENCY: _____
NAME: _____
E-MAIL: _____
PHONE: _____

LAST NAME	FIRST NAME	E-MAIL ADDRESS	UNIT PRICE	LINE TOTAL
			\$50.00	
Please make check payable to: CABLE, Inc. 82 Cottonwood Road Newington, CT 06111			SUBTOTAL	
			TOTAL	
Thank you for allowing us to serve you!				