AFFILIATE NAME

**Invoice**

**Date Invoice #**

XX/XX/XX

XXX

**Bill To**

**Sponsor Company Name**

**Mr./Ms. Contact Name**

**Address**

PAYMENT MAILING ADDRESS:

 **Affiliate Payment Mailing Address**

MAKE CHECKS PAYABLE TO:

Affiliate Name

Due Date

XX/XX/XX

**Amount**

20XX Contribution to AFFILIATE NAME $XX,XXX

**Invoice Total** $XXXXX

**AFFILIATE NAME Contact Information:**

**Affiliate email**

**p XXX-XXX-XXXX**

**Affiliate website address**

**Federal Identification #: XX-XXXXXXX**