

# INVOICE



Mid-Atlantic Deaf Interpreter Fund  
 PO Box 7120  
 Baltimore, MD 21218

Billing Date: \_\_\_\_\_

Interpreter Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

**E-mail Invoice To:**

Shayne Stanley, Treasurer  
 MADIF2020@yahoo.com

Event Name: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_

<u>Date</u>	<u>Time</u>	<u>TOTAL Hours</u>	<u>Amount</u>
			\$
			\$
			\$
			\$
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX		<b>TOTAL</b>	\$