

INVOICE

BILL TO:

ALU LIKE, Inc.
 Native Hawaiian Summer School Assistance Program
 2969 Mapunapuna Place, Suite 200
 Honolulu, Hawaii 96819

1

SCHOOL NAME:

2

MAKE CHECK PAYABLE TO:

Enter your school's name and check payable information in the space provided

DATE:

Insert current date

3

4

INVOICE NO.:

Insert your control invoice number

SUMMER SCHOOL COST for the following STUDENT(s):		Voucher No	Course	Tuition Amount
Last Name	First Name			
Kai	Moana	135	English II	190.00
Lei	Ana	147	Algebra II	190.00
5		6	7	8
<div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;">You may submit more than one invoice if needed</div>		SAMPLE		<div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;">Submit invoice 2 days after the start of Summer School</div>
				9
			TOTAL INVOICE AMOUNT DUE TO SCHOOL	\$ 380.00

10

School Representative - Signature

12

Phone No.

11

Print Name and Title

13

Email

GRADE(S) & ATTENDANCE

SUBMIT TO:

ALU LIKE, Inc.

Native Hawaiian Summer School Assistance Program

2969 Mapunapuna Place, Suite 200

Honolulu, Hawai'i 96819

1

SCHOOL NAME:

ADDRESS:

Enter your school's name and address in the space provided

DATE:

Insert current date

2

3

Total School Days
20

Last Name	First Name	Voucher #	Course	Grade	Days Absent
Kai	Moana	135	English II	A	0
Lei	Ana	147	Algebra II	A	1
4		5	6	7	8
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Completion of this form is a requirement of our funder </div>			<div style="font-size: 4em; opacity: 0.5; font-weight: normal;">SAMPLE</div>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Complete ALL columns SUBMIT NO LATER THAN JULY 24, 2020 </div>					

9

School Representative - Signature

11

Phone No.

10

Print Name and Title

12

Email

If grades are not given, please indicate it on this form.

INVOICE

BILL TO:
ALU LIKE, Inc.
Native Hawaiian Summer School Assistance Program
2969 Mapunapuna Place, Suite 200
Honolulu, Hawai'i 96819

SCHOOL NAME: _____

MAKE CHECK PAYABLE TO: _____

DATE: _____

INVOICE NO.: _____

SUMMER SCHOOL COST for the following STUDENT(s):		Voucher #	Course	Tuition Amount
Last Name	First Name			
			TOTAL INVOICE AMOUNT	\$
			DUE TO SCHOOL	

_____ **School Representative - Signature** _____ **Phone No.**

_____ **Print Name and Title** _____ **Email**

GRADE(S) & ATTENDANCE

SUBMIT TO:
 ALU LIKE, Inc.
 Native Hawaiian Summer School Assistance Program
 2969 Mapunapuna Place, Suite 200
 Honolulu, Hawai'i 96819

SCHOOL NAME: _____
ADDRESS: _____

Total School Days

DATE: _____

Last Name	First Name	Voucher #	Course	Grade	Days Absent

*If grades are not given, please
 indicate it on this form.*

 School Representative - Signature

 Phone No.

 Print Name and Title

 Email