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

DATE: Insert current date

INVOICE NO.: Insert your control invoice number

SUMMER SCHOOL COST for the following STUDENT(s):

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Voucher No</th>
<th>Course</th>
<th>Tuition Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kai</td>
<td>Moana</td>
<td>135</td>
<td>English II</td>
<td>190.00</td>
</tr>
<tr>
<td>Lei</td>
<td>Ana</td>
<td>147</td>
<td>Algebra II</td>
<td>190.00</td>
</tr>
</tbody>
</table>

You may submit more than one invoice if needed

Submit invoice 2 days after the start of Summer School

TOTAL INVOICE AMOUNT DUE TO SCHOOL $ 380.00

School Representative - Signature

Phone No.

Print Name and Title

Email

Revised: 02/07/2020
<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Voucher #</th>
<th>Course</th>
<th>Grade</th>
<th>Days Absent</th>
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</thead>
<tbody>
<tr>
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<td>English II</td>
<td>A</td>
<td>0</td>
</tr>
<tr>
<td>Lei</td>
<td>Ana</td>
<td>147</td>
<td>Algebra II</td>
<td>A</td>
<td>1</td>
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**If grades are not given, please indicate it on this form.**

Completion of this form is a requirement of our funder.

Complete ALL columns. **SUBMIT NO LATER THAN JULY 24, 2020**
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.: __________________________

ALU LIKE, Inc.
2969 Mapunapuna Place, Suite 200
Honolulu, Hawai‘i 96819

INVOICE

SUMMER SCHOOL COST for the following STUDENT(s):

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</table>

TOTAL INVOICE AMOUNT DUE TO SCHOOL $________

School Representative - Signature

Phone No.

Print Name and Title __________________________ Email __________________________ Revised: 02/07/2020
# 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:**

**Date:**

**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

Revised: 02/07/2020