**Invoice**

**Date:**

**From: To:**

School/System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beverly Radford, Co-Director

 ALAHASP @ UAB

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EB 121; 1720 Second Avenue South

 Birmingham, AL 35294-1250

City, ST, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 205-934-6885

 205-996-7081 (fax)

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bevrad@uab.edu

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Date(s)** | **Description of Service** | **Expense** |
|  | *Reimbursement for Substitutes for:* |  |
|  | *To attend an ALAHASP workshop:**Location:*  |  |
|  |  | **Total: $** |