Invoice Number:

Date:_____

Name:_____Company Name:_____

Phone Number:_____Email Address:_____

Address, City, Zip Code:_____

Book Title/GIMC Number:
Purchase Order Number:
Date Assigned:
Date Completed:

Date	Volume	Braille Pages	Blank Pages	Billable Pages	$/Page Braille (A)	Tactile Graphics	$/Page Graphics (B)	Map Tactiles	$/Page Maps (C)	Invoice Amt (A+B+C)

Total Amount Due:_____

Billable Pages: (Braille Pages – Blank Pages= Billable Pages)