

**ALABAMA SOUTHERN COMMUNITY COLLEGE  
 PO BOX 2000  
 MONROEVILLE, AL 36461  
 (251) 575-3156**

**Payee** \_\_\_\_\_

**Date** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**SS#** \_\_\_\_\_

\_\_\_\_\_

Date	Description of Service	Amount
	<b>Total</b>	

**I certify that this invoice is true, correct and unpaid.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature of School Official**

\_\_\_\_\_  
**Approved by Business Office**

\_\_\_\_\_  
**Code**