



This invoice pertains to:

State Council

State Conference



INVOICE

Remit Payment To:

Wisconsin State Council SHRM
 Box 88472
 Milwaukee, WI 53288-0472

Sold To:

WI SHRM CONTACT PERSON	CONTACT E-MAIL	CONTACT PHONE #

INVOICE DATE	INVOICE #	PAYMENT TERMS	DUE DATE	AMOUNT PAID TO DATE	BALANCE DUE

QUANTITY / SPONSORSHIP LEVEL	DESCRIPTION	TOTAL
SUBTOTAL		
OTHER (_____)		
TOTAL DUE		

Make all checks payable to Wisconsin State Council SHRM
THANK YOU FOR YOUR SUPPORT!