**INVOICE**

Date: \_\_\_\_\_\_\_\_\_ Invoice #: \_\_\_\_\_\_\_

Due upon receipt

**FROM:** (contractor information)

**Name:**

**Address:**

**City, ST Zip**

**BILL TO:** (grantee information)

**Name:**

**Address:**

**City, ST Zip**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qty** | **Description** | **Rate** | **Amount** |
|  | **As a Car Seat Technician – present Car Seat Awareness Class**Utilizing the Washington State approved curriculum, provide a comprehensive look at car seat safety. Attendees receive basic instruction and awareness about car seats, information about Washington State law, best practice and answers to frequently asked questions. The class is geared towards Public Health, DSHS transporters, foster parents, WIC, parents, caregivers, grandparents, social work, Child Protective Services, daycare, preschool, medical professionals, teachers, EMS, fire, police, nurses, pediatricians & other child transporters. Providing hands-on opportunities for attendees is strongly encouraged. \_\_\_-hour event, (city), (date of event)(tax is based on location of service) | TAX | $ |
|  |  | **TOTAL** |  **$** |