

INVOICE

Instructor Legal Name		Invoice #:
Organizational Name (if applicable)		Date Submitted:
1234 MHFA Street		Invoice To:
Denver, Colorado 80222		WellPower, Attn. Accounts Payable
333-333-3333		4141 E Dickenson Place
email@email.com		Denver, CO 80222
PO #: (provided by WellPower)		invoices@mhcd.coupa.com

Service Provided	MHFA Class Date	Amount
Example: MHFA Co-Instructor	1/2/2025	\$250.00
Total Due (Net 30)		\$250.00

Payment Instructions: Please pay by ACH (or change to check if needed)

Routing Number: (only if payment by ACH, otherwise delete this line)

Account Number: (only if payment by ACH, otherwise delete this line)