



1 Community Dr.
East Hampton, CT 06424

Vendor Invoice

Vendor Information

Invoice Date: _____

Name: _____

Address: _____

Email: _____

Program Information

Name of Program: _____

Date(s) of Program: _____

*Number of Participants: _____

**Price per Participant: _____

(*Number x **Price) Subtotal: \$ _____

(Minus P&R rate^): \$ _____

Invoice Total: \$ _____

^After School Programs = 25%, Summer Programs = 15%