



Invoice

Payee Name: NSBA
 Address: 900 North Benton
 City, State ZIP: Springfield, MO 65802

Payer Name:
 Address:
 City, State ZIP:
 Attn:

Date	Description	Amount
	North Springfield Betterment Association Yearly Dues	\$ 50.00 Individual/Corporate \$ 10.00 Retirees
	Subtotal	\$
Total	Tax	N/A
	TOTAL:	\$