



NASSP

1904 Association Drive, Reston, VA, 20191, USA

Phone: 1-800-253-7746 Fax: 703-476-9321

Order Number: 9000568950

Order Date: 25-Mar-2014

Date: 25-Mar-2014

INVOICE

Bill To: 00213960

Warren County School District
589 Hospital Dr Ste A
Warren PA 16365-4895

Ship To: 00213960

Warren County School District
589 Hospital Dr Ste A
Warren PA 16365-4895

Invoice No	Product	Fulfill Status	Status	Qty	Unit Price	Unit Discount	Coupon	Adjustment	Total
	OLCASE-Case Survey	Not Fulfilled	Proforma	1	850.00	0.00	0.00	0.00	850.00
Shipping:									0.00
Tax:									0.00
Total :									850.00
Paid To Date									0.00
Current Amount Due :									850.00

Please detach the lower portion and return it with your payment. Thank you.

Order No.: 9000568950

Customer: 00213960-0

Balance Due(USD): 850.00

Amount: _____

Payment _____ ☐ Check☐ American Express☐ Visa☐ Master Card

Credit Card # _____ Exp. Date: ____ / ____

CCHolderSignature _____

Credit Cards Accepted - (AMEX MASTER VISA)

If paying by credit card, please include cardholder name and
address in the space below.

Send payments to: NASSP
PO Box 3250
Reston, VA 20195-1250