Science 4 All Consultants	Accordance a contract of the c		
8/15/2016			
Invoice Date	Amount Due	Department 193-163-581	
7/22/2016	750.00		

TO BE O

INVOICE

Science 4 All Consultants Portia Powell

INVOICE # 1
DATE _07/22/16

P. O. Box 1242, Jackson, MS 39215 Phone 601.672.1055 portia.powell@gmail.com

Name: Madison County AERC Address: 317 N. Union Street

City, State & Zip: Canton, MS 39046

SERVICE RI	ENDERED BY	IDENTIFICATION NUMBER	PAYMENT TERMS		DATE	
Portia Powell		10000001MC-AERC		Ju	July 22,20	
QTY		DESCRIPTION		UNIT PRICE	LINE TOTAL	
½ Day (4 hrs.) pm - 8pm	Engag disea Incorp	nal Development ging youth in communicable and rese awareness porate both Literacy and hands-oreness activity		\$750	\$750	
age op dan dy'n gellende en Mantanagen o gelen bedart	an Persance according commence along a confession according confession in the section of a confession according to the section of a confession according to the section acc			SUBTOTAL	\$75	
				SALES TAX		
				TOTAL	\$75	

THANK YOU FOR YOUR BUSINESS!