

PTO INVOICE

Invoice Date:

Bill to:

City of Upper Arlington
Cultural Arts Department
3600 Tremont Rd.
Upper Arlington, OH 43221

Program	Artist Name	Total
Arts in Community Education		\$650.00

Subtotal	\$650.00
Tax	\$0
Balance Due	\$650.00

Remit To:

Name:
Address:
City, State Zip:
Phone: