



## Invoice

Chapter ID: [REDACTED]  
Invoice Number: [REDACTED]  
Invoice Date: 08/03/2022  
Invoice Amount: \$205.00  
Terms: Net 30  
Invoice Year: 2022 - 2023

### Please remit payment to:

Family, Career and Community Leaders of America  
13241 Woodland Park Rd, STE 100  
Herndon, VA 20171



Please include the top section with your payment.



Chapter ID: [REDACTED]  
Invoice Number: [REDACTED]  
Invoice Date: 08/03/2022

<b>Balance Due</b>	<b>\$205.00</b>
<b>Total Payment Amount</b>	<b>\$0.00</b>

Item	Misc Product Notes	Unit Price	Quantity	Amount
National Student Membership Dues	12 Member Minimum	\$9.00	14	\$126.00
National Chapter Adviser Dues		\$9.00	1	\$9.00
Arkansas - Student State Dues	12 Member Minimum	\$4.00	14	\$56.00
Arkansas - Chapter Adviser State Dues	1 Member Minimum	\$4.00	1	\$4.00
Arkansas - State Chapter Fee	Flat Rate	\$10.00	1	\$10.00
<b>Invoice Total</b>				\$205.00
<b>Balance Due</b>				\$205.00

**National Student Membership Dues**

Chapter ID	First Name	Last Name	Submitted Date
██████	██████	██████	04/11/2022
██████	██████	██████	04/11/2022
██████	██████	██████	04/11/2022
██████	██████	██████	04/11/2022

**National Chapter Adviser Dues**

Chapter ID	First Name	Last Name	Submitted Date
██████	██████	██████	04/11/2022

**Arkansas Student State Dues**

Chapter ID	First Name	Last Name	Submitted Date
██████	██████	██████	04/11/2022
██████	██████	██████	04/11/2022
██████	██████	██████	04/11/2022
██████	██████	██████	04/11/2022

**Arkansas Chapter Adviser State Dues**

Chapter ID	First Name	Last Name	Submitted Date
██████	██████	██████	04/11/2022

**Payments**

Payment Type	Invoice Item	Amount For This Item
Check ██████	National Student Membership Dues	██████.00
Check ██████	National Chapter Adviser Dues	██████
Check ██████	Arkansas Student State Dues	██████.00
Check ██████	Arkansas Chapter Adviser State Dues	██████
Check ██████	Arkansas State Chapter Fee	██████