



Invoice No. **2018-19**

# INVOICE

University: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ State MO ZIP \_\_\_\_\_  
 Email Contact: \_\_\_\_\_

**Misc**  
 Date \_\_\_\_\_  
 Order No. \_\_\_\_\_  
 Rep \_\_\_\_\_  
 FOB \_\_\_\_\_

Description	Unit Price	TOTAL
University Membership dues for 2018-19 school year <b>Yearly MAFS Membership Registration Fees</b> Institutional Membership \$100 & \$80 for meals Fall/Spring meetings <b>1 rep.</b>	\$ 180.00	\$ 180.00
<b>Representative 1:</b> _____ Email Address: _____	\$0.00	\$0.00
<b>Representative 2:</b> _____ Email Address: _____ _____ Fall Only    _____ Spring Only	\$ 80.00 \$40.00	_____ _____
<b>Representative 3:</b> _____ Email Address: _____ _____ Fall Only    _____ Spring Only	\$ 80.00 \$40.00	_____ _____
MAFS Tax Identification Number: 450537786 MAFS CANNOT ACCEPT PAYMENT BY CREDIT CARD AT THIS TIME		

SubTotal	_____
Tax Rate(s)	_____
<b>TOTAL</b>	<b>\$ -</b>

Check  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Office  
 \_\_\_\_\_

Send Payments to the MAFS Secretary:  
 Dr. Bill Church  
 Missouri Western State University  
 4525 Downs Drive, Eder Hall 222-0  
 St. Joseph, MO 64507