

Graduate Practicum Agreement Invoice

Invoice No: ###

Department Name
Campus Box #####
Normal, IL 61761-####

ATTN: Agency Contact
Agency Name
Agency Address

Payment Terms	Due Date
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Due Upon Receipt	###/###/####
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Dates	Student Name(s)	Total
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Start Date - End Date		
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Total:

Remit to:

Department Name
Campus Box #####
Normal, IL 61761-
####

Account #: ###

Invoice #: ###

Total Due:

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