

Outstanding/Exemplary Chapter Plaque Invoice

Date: _____

Idaho FCCLA - FCCLA@cte.idaho.gov 650 W. State St. Suite 324 Boise, ID 83702 208-429-5525

Purchaser:			P	O #:		
Chapter Number	Chapter/School Name					
Adviser Name(s)					Association	3
Mailing Address		_ I	CCLA	Family, Care Leader	er and Community s of America nplary Chapter Av	rard
City/ST/Zip				YOUR CHAP	TER NAME HERE	3
Email						
			4	-6-		
Please Note:						
All plaques will be mailed out a	fter SLC. Orders must be received by N	March 1.				

The plaque is \$80 and includes one engraved plaque tab. Each additional tab is \$10 and can be purchased each year. Past year tabs can be purchased with proof of award. Please inquire at the office for bulk pricing on past year tabs.

Quantity	Description	Unit Price	Total Price
1	SamplePlaque and 1 tabSample	\$ 80	\$ 80
Notes:			
	Shipping & Handling Prices:	Subtotal	
	Plaque and one or more tabs: \$15	Shipping & Handling	
	Each single tab (without plaque): \$2	Total Due	

Make all checks payable to Idaho FCCLA. If you have questions concerning this invoice, please contact Teresa Danielson: Teresa. Danielson@cte.idaho.gov, or 208-429-5533.