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| [Teacher Name][Street Address - Home][City, State, ZIP Code][Phone Number][Email Address] | INVOICE**Invoice #** 100-LASTNAME**INVOICE** **Date:** mm/dd/yyyy |
| BILL To:KU Center for Research on Learning, Accounts Payable1122 W. Campus Rd, 7th FlLawrence, KS 66045Email: ku-transition@ku.edu |  |

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| DESCRIPTION | Date(s) of Service | Amount |
| T3I Professional Development (Grant DED1001119)* Attendance of one-day professional development session
 | MM/DD/YYYY | $150.00 |
|  | **TOTAL DUE** | $150.00 |

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