

**First and last name (individual) or
business name: _____**

INVOICE

Address: _____

DATE

City: _____

Country: _____

Cell: _____

Email: _____

TO:

Montclair State University

Inserra Chair in Italian

1 Normal Avenue

Montclair, NJ 07043

FOR:

Italian Inserra Event/Project/Program

Title _____

Website (if applicable) _____

DESCRIPTION	AMOUNT
Brief description _____	\$ _____
TOTAL:	\$ _____

If you have *not* opted for a wire transfer on the supplier form (or the swift code form for foreign individuals/companies), please indicate whom to make all checks payable to:

First and last name (individual) or business name: _____