

**Changing Our Parenting Experience**  
**PO Box 510409**  
**St. Louis, MO 63151**  
**Phone:** 314-488-3766  
**Fax:** 314-754-8117  
**Website:** www.cope24.com

# Invoice

Date	Invoice #

School District:	
Ship to/ School Name:	
Street/PO Box:	
City, State, Zip:	
Bill to if different from above:	
Name:	
Street/PO Box:	
City, State, Zip:	
Phone:	
Email to confirm order:	

Item	Quantity	Price Each	Total
		Shipping:	
		Total:	

*Thank you for your order and for all your efforts on behalf of children.*

**Payment is due 30 days from receipt unless your state law specifies otherwise.  
 A 2% late penalty will be added to the net total each month after 30 days.**