

# INVOICE

## Bill From

WildCamps Inc.  
6 Anderson Terrace, Washington, USA  
+1-202-980-7875



## Bill To

OneSchool  
885 Spaight Park, Gjoa Haven, Canada  
+1-933-935-1332

Invoice#: 100  
Invoice date: February 23, 2016  
Due date: March 10, 2016

	Description	Qty	Price	Total
01	Food Services	5	\$500.00	\$2,500.00
02	Camp	10	\$1000.00	\$10,000.00
03	Medical Services	8	\$550.00	\$4,400.00
			<b>Subtotal</b>	<b>\$16,900.00</b>
			Sales Tax 8%	\$1,352.00
			Shipping & Handling	\$100.00
			<b>Total Due</b>	<b>\$18,352.00</b>

## Terms and conditions

Please send payment within 30 days of receiving this invoice. There will be a 1.5% interest charge per month on late invoices.

## Please make a payment to

Beneficiary Name: WildCamps Inc.  
Beneficiary Account Number: 4525 2541 5658 4125 5265  
Bank Name and Address: BNP, 231 Utah Terrace, USA  
Bank Swift Code: 32US  
IBAN Number: 32US 4525 2541 5658 4125 5265

***Thank you for your business!***