

**New Jersey Division of Fire Safety/Kean University
Fire Safety Training Program**

INVOICE

Date Submitted: _____

From: _____

Social Security or Federal Tax ID #: _____

To: Kean University
 Fire Safety Training Program
 Karen A. Grant
 1000 Morris Avenue, T-106
 Union, New Jersey 07083

DATE	DESCRIPTION	AMOUNT
<p align="center">____ / ____ 2010</p>	<p>Instruction of a(n) ____ - day course:</p> <p>_____</p> <p>_____</p> <p>(Course Title)</p> <p>Course for the Fire Safety Training Program at</p> <p>the _____ County Fire Academy.</p>	
	Total	<p align="center">\$</p>

Signature