

**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
____ / ____ 2013	Instruction of a(n) ____ - day course: _____ _____ (Course Title) Course for the Fire Safety Training Program at the _____ County Fire Academy.	
	Total	\$