

TO:

INVOICE DATE

EXPLANATION	TOTAL CONTRACT	YOUR PAYMENT DUE	BALANCE

PLEASE REMIT PAYMENT WITHIN 30 DAYS

Authorized Signature

Name (Please print)

Title

USM Foundation Account #

Make Checks Payable to:
The University System of Maryland Foundation,
Inc.

3300 Metzert Road
Adelphi, Maryland 20783
(301) 445-8040 FAX: (301) 445-2707

Federal ID # 52-1125663

RETURN A COPY OF THIS INVOICE TO THE USM FOUNDATION, INC.