Invoice from:

Address:

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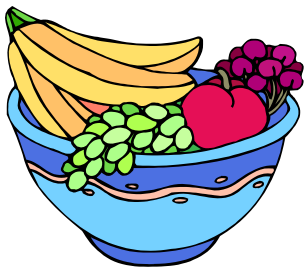
PERS INVOICE

Invoice #:
Invoice Date:

Send to:

Attn: Kathy Allen
North Dakota Public Employees Retirement System
400 E. Broadway Ave Suite 505
PO Box 1657
Bismarck, ND 58502-1657

Date	# served	Employer/ Group Name	Description	Signature of worksite coordinator	County of worksite	Total charge for presentation
					Subtotal	
					Balance Due	

Signature of nutrition professional providing PERS 5 A Day presentation: