



THE SMART SAVINGS CARD & CITY SAVER BOOK PROGRAM - INVOICE

School/Organization Name School/Organization Address				INNOVATIVE FUNDING, INC. P.O. Box 10838 Murfreesboro, TN 37129 615-254-1259 OFFICE 615-240-2053 FAX			
	City	ST	Zip				`
C	Contact Name Phone Number		Sales Representative			Cell #	
Email Address				Email Address			
Inventory Totals							
Quantity Received				Teacher & Prize Cards	Items Credited	Quantity Returned	Total Sold
\$10 SM	ART SAVINGS CA	ARDS					
\$20 SMART SAVINGS CARDS							
\$30 CITY SAVER BOOK							
Total Money							
\$10 Smart Savings Cards Sold					X \$10 each		\$
\$20 Smart Savings Cards Sold					X \$20 each		\$
\$30 Nash. City Saver Books Sold					X \$30 each		\$
Grand Total of all Collections \$							
School Profit is 50% of Grand Total of all Collections							\$
Adjustments							\$
							\$
Please remit ONE Check made payable to INNOVATIVE FUNDING INC.							
Payment R	Payment Received: Check #:			Payment to be mailed:			
Notes:							
This form acknowledges that all cards and books have been returned unless otherwise noted above. YES - We intend to use the Smart Card Program next year & would like delivery at the same time.							
The							
Innovative Funding Representative Signature				ART NES	School o	epresentative	
Print Name	rint Name Date			Card ™	Print Name		Date