



To: Prior Lake-Savage Community Education Services
5061 Minnesota St SE
Prior Lake, MN 55372

Phone 952-226-0310
Fax 952-226-0379
Email: bbirkholz@plsas.org

From: Name _____
Address _____

Tax ID# _____

Invoice # _____

Date of Class _____
Class Name _____
Instruction _____
*Supplies _____
Total Amount Due _____
Made Payable to _____

*ORIGINAL Supply Receipt Enclosed - Sales Tax is not reimbursed

Signature

Date