

**WYOMING INTERSCHOLASTIC ATHLETIC ADMINISTRATORS ASSOCIATION
(WIAAA)**



**SEND PAYMENT TO: WIAAA
ATTN: LARRY YERADI
PO Box 490
WRIGHT WY 82732**

Invoice # 18-19 (AD's last name)

DATE: Fall -- 2018

**Use this number on PO, Voucher, Check as reference.

Name: _____

School: _____

Item Description	Fee/Dues Amount			Total Amount
WIAAA Membership	\$ 45.00	<u> X </u>		\$ 125.00
NIAAA Membership	\$ 80.00	<u> X </u>		
	\$ 90.00	—		.00
	\$ 90.00	—		.00
	\$ 90.00	—		.00
				<u>\$ 125.00</u>

Larry Yeradi
Vendor Signature

"I certify under penalty of perjury and subject to the provisions of W.S. 6-5-303 and its penalties, that this voucher and the items therein are correct and just in all respect."

PAYMENT TYPE:

- Cash
- Personal Check# _____
- Voucher/Purchase Order# _____

District/School: _____

**PLEASE COPY.
KEEP ONE FOR YOUR RECORDS TO TURN IN TO YOUR BUSINESS
MANAGER TO CUT CHECK; AND SEND THE OTHER ALONG WITH YOUR
PAYMENT.**