

INVOICE

DATE

NAME

ADDRESS

PHONE

TO:

COLLEGE OF LIBERAL ARTS
HISTORY DEPARTMENT c/o
DR. ELIJAH GADDIS 310
THACH HALL
AUBURN UNIVERSITY 36849
334-844-4360

DESCRIPTION: Camp Hill Workshop	DATE: July 25, 2024	AMOUNT: \$300.00
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Make check payable to:

NAME:

SIGNATURE: