



Center for Spiritual Care

Invoice

Make payments and inquiries to:

Cleveland Clinic
Center for Spiritual Care – Q13
9500 Euclid Avenue
Cleveland, OH 44195
Attn: Destiny Nance

Invoice Number: CPEMH2020
Invoice Date: 3/3/2020
Term of Payment: June 1st, 2020

Bill to:

Matthew Hogue-Smith
2012 Baxterly Ave Apt 22
Lakewood, OH 44107

CPE Unit	Student Name	Item	Cost	Total
Summer 2020	Matthew Hogue-Smith	Tuition	\$550.00	\$550.00
			Subtotal	
			TOTAL	\$550.00

INVOICE IS DUE AND PAYABLE June 1st, 2020
(Payment arrangements are available)

Remittance Section

Invoice Date: March 3rd, 2020

Invoice No.: CPEMH2020

Due Date: Due upon receipt

Total Due: \$550

Amt. Enclosed: _____

**Make checks payable to: Cleveland Clinic
Spiritual Care Dept.**

Payment Received From:

Send Payments to:

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