



NDIA/WID CHAPTER INVOICE FORM

2101 Wilson Boulevard, Suite 700, Arlington, VA 22201-3060 • (703) 247-9464 • (703) 522-1885 Fax • NDIA.org

NDIA WID		Chapter:	
Chapter PoC Name		Chapter PoC Email	
Vendor name		Vendor email address	
Vendor mailing address		Invoice amount	
City	State	Zip	Due date
How would the vendor like to receive funds? (Choose one): PayPal ACH Live Check			
Purpose of invoice (please be specific – e.g.: for sponsorship of XX event, to exhibit at XX event)			
Payment instructions for vendor (e.g.: please include a Chapter PoC and purpose of your funding support)			

INSTRUCTIONS:

1. Fill In This Form.
2. Email To Chapters@NDIA.org.
3. Chapters team will confirm receipt and invoice vendor.