



# 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		Soft Invoice    Hard Invoice		Chapter:	
Chapter PoC Name			Chapter PoC Email		
Vendor name			Vendor email address		
Vendor mailing address			Invoice amount		
City	State	Zip	Due date		
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.