

**ND Juvenile Justice State Advisory Group****INVOICE**

Name: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Address to Mail Check:

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION	AMOUNT
Youth Member Stipend	\$75
TOTAL	\$75

\_\_\_\_\_  
*Signature*\_\_\_\_\_  
*Date**Account: 6363-\_\_-DJ*