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| Invoice [No.] | [Select Date] |

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| Bill To | Ship To | Project |
| AYNI-Movement Mastery 1120 Saratoga Street East Boston, MA 02128 | Same as recipient | Add name of project or training you were contributing to |

| date | SERVICE PROVIDED | STIPEND / HOURLY RATE hours | Total |
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| Total |  |
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| **Total Due By** [Select Date] |  |
| Thank you for your service! |  |