

Florida Business Incubator, Inc.

Quarterly Report Invoice

Report Date: ____/____/20____

Exhibit A

Monthly Educational Program

Event Date: _____ Event Title: _____

Summary Description of Program: _____

Number of Attendees: _____ (Sign In Sheet Attached)

Monthly Educational Program

Event Date: _____ Event Title: _____

Summary Description of Program: _____

Number of Attendees: _____ (Sign In Sheet Attached)

Monthly Educational Program

Event Date: _____ Event Title: _____

Summary Description of Program: _____

Number of Attendees: _____ (Sign In Sheet Attached)

Invoice Amt per Month: **\$2,083.34**

Events per Quarter: _____

Total Invoice*: _____

*(not to exceed \$6,250.00)

I hereby certify the information provided is true and accurate:

Signature: _____

Printed Name: _____

Title: _____

Date: _____