



Dexter Co-Op Nursery, Inc.

PO Box 392

Dexter, MI 48130

734.426.2491

www.dextercoop.com

Paid Assist Bill

Date of Assist: _____

Person Who Assisted: _____

Child's Class and Mailbox Number: _____

Person Who Was Scheduled to Assist: _____

Child's Class and Mailbox Number: _____

Amount Due: _____

Please make a check out to Dexter Co-Op Nursery, Inc and return with this form to the Treasurer's Mailbox.

Treasurer's Documentation: Check Number Received: _____ Date: _____

Check Number Paid: _____ Date: _____