INVOICE

Instructor Name
Address Line 1
City, State, Zip
Email / Phone

Invoice #: _____
Date: _____
Due Date: _____

Bill To:
Institution/Organization Name
Department Name
Address Line 1
City, State, Zip

Course/Service Description	Date(s)	Rate/Hour	Qty/Hours	Total
Course Name - Instruction		$		$
Curriculum Development / Prep		$		$
Travel/Materials Reimbursement		$		$

Subtotal: $_____

Tax (if applicable): $_____

Total Amount Due: $_____

Payment Instructions:

Please make checks payable to: _____
Bank Transfer Details (if applicable): _____

Notes: Continuing Education Contract Services. Thank you for your business.