INVOICE

INVOICE NUMBER [INV-000]
DATE [Month Day, Year]

FROM: EDUCATOR [Your Name / Business Name]
[Address Line 1]
[Email Address]
[Phone Number]

BILL TO: CLIENT/INSTITUTION [Recipient Name]
[Institution Name]
[Address Line 1]
[Tax ID / Reference]

Service Description (E-Learning)	Qty / Hours	Rate	Amount
[e.g., Curriculum Development - Module 1]	[0.00]	$[0.00]	$[0.00]
[e.g., Live Virtual Instruction / Webinar]	[0.00]	$[0.00]	$[0.00]
[e.g., LMS Setup & Student Assessment]	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax ([0]%): $[0.00]

Total Due: $[0.00] [Currency]

PAYMENT INSTRUCTIONS Bank: [Bank Name]
Account Name: [Name]
Account / IBAN: [Number]
SWIFT/BIC: [Code]

DUE DATE [Month Day, Year]

Note: Please include the invoice number as a reference for your payment. Thank you for the opportunity to contribute to your educational programs.