INVOICE

Skillshare Teacher Services

[Teacher Name/Business Name]
[Tax ID / VAT Number]
[Email Address]

BILL TO:

Skillshare, Inc.
215 Park Avenue South, 11th Floor
New York, NY 10003
United States

Invoice #: [0001] **Date:** [MM/DD/YYYY] **Due Date:** [MM/DD/YYYY] **Payment Terms:** Net 30

Service Description	Quantity	Rate	Amount
Content Production: [Course Name]	[1]	$[0.00]	$[0.00]
Monthly Royalty/Revenue Share - [Month, Year]	-	-	$[0.00]
Teacher Referral Bonuses	[Qty]	$[0.00]	$[0.00]

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

Total Amount: $[0.00]

Payment Instructions: [Bank Name / PayPal Email / Wire Transfer Details]

Thank you for your partnership with the Skillshare teaching community.