[Facilitator Name/Agency]
[Street Address]
[City, State, Zip]
[Email Address]
[Phone Number]

INVOICE

Invoice #: [000]
Date: [Month DD, YYYY]

BILL TO:
[Client Name/Organization]
[Department/Contact Person]
[Client Address] **WORKSHOP DETAILS:**
Event: [Workshop Title/Theme]
Platform: [Zoom / Teams / Other]
Date: [Date of Event]

Description of Services	Rate / Type	Qty/Hours	Total
Virtual Facilitation Fee (Live Session)	$0.00	0	$0.00
Curriculum Design & Content Preparation	$0.00	0	$0.00
Pre-Workshop Tech Rehearsal	$0.00	0	$0.00
Digital Handouts/Materials Licensing	$0.00	1	$0.00

Subtotal: $0.00
Tax/Other: $0.00
Amount Due: $0.00

Payment Terms:

Please remit payment within [30] days of invoice date.

Payment via: [Zelle / PayPal / Bank Transfer / Check]

Account Name: [Name]
Account/Reference: [Number/ID]

Thank you for the opportunity to facilitate your virtual session.