INVOICE

[Your Name / Agency Name]
[Address Line 1]
[Email / Phone]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

Bill To:

[Client Company Name]
[Contact Person]
[Client Address]

Project Reference:

[Workshop Name / Training Program Title]

Description of Training Services	Quantity / Hours	Rate	Total
[Service Name: e.g., Leadership Workshop Facilitation]	[0]	$[0.00]	$[0.00]
[Service Name: e.g., Curriculum Design & Materials]	[0]	$[0.00]	$[0.00]
[Service Name: e.g., Post-Training Assessment]	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax / VAT: $[0.00]

Total Due: $[0.00]

Payment Instructions:

Bank Name: [Name]
Account Number: [Number]
SWIFT/BIC: [Code]

Thank you for your business.