[FACILITATOR NAME]

[Street Address]
[City, State, Zip]
[Email Address]
[Phone Number]

INVOICE

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

Bill To:

[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

Workshop Details:

Title: [Workshop Title]
Date: [Event Date]
Venue: [Location/Virtual]

Description	Rate/Unit	Qty/Hrs	Total
Facilitation Fee (Full Day/Half Day)	[0.00]	[0]	[0.00]
Curriculum Design & Preparation	[0.00]	[0]	[0.00]

Description	Rate/Unit	Qty/Hrs	Total
Materials & Workbooks (per head)	[0.00]	[0]	[0.00]
Travel & Expenses	[0.00]	[1]	[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Total Amount: $[0.00]
Payment Instructions:
Bank Name: [Name] | Account: [Number] | Routing: [Number]
Please make checks payable to: [Name/Business Name]

Thank you for the opportunity to work with your team.