

[Certification Prep Provider Name]

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

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Candidate Name / Organization]
[Street Address]
[City, State, Zip]
[Email Address]

DESCRIPTION	QTY/HOURS	RATE	AMOUNT
Certification Study Guide & Course Materials	1	\$0.00	\$0.00
Live Exam Prep Instruction / Tutoring Sessions	0	\$0.00	\$0.00
Practice Exam Access License	1	\$0.00	\$0.00
Virtual Lab Environment Access	1	\$0.00	\$0.00
Subtotal: \$0.00			
Tax: \$0.00			
Total Due: \$0.00			

Payment Terms: Please make checks payable to [Provider Name] or pay via [Payment Method].

Notes: Access to digital materials will be granted upon receipt of payment. Good luck with your certification exam!