

INVOICE

[Your Name/Business Name]
Curriculum Development Services
[Address Line 1]
[Email / Phone]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Client Name]
[Organization/School]
[Address Line 1]
[City, State, Zip]

Service Description (Unit/Module/Lesson)	Hours/Qty	Rate	Amount
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[Item Description]

[Item Description]

[Item Description]

Subtotal: \$ _____

Tax / Adjustments: \$ _____

Total Due: \$ _____

Payment Instructions:

Please make checks payable to [Business Name] or pay via [Electronic Payment Method].

Notes:

Thank you for the opportunity to contribute to your educational programs.