

SERVICE INVOICE

Distance Learning Instruction

INVOICE #

DATE

INSTRUCTOR INFO

Name: _____

Address: _____

Email: _____

BILL TO (INSTITUTION/CLIENT)

Name: _____

Department: _____

Address: _____

Course Code / Session Description	Hours / Qty	Rate	Total
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PAYMENT INSTRUCTIONS

Subtotal \$0.00

Tax / Other \$0.00

Total Balance Due \$0.00

Thank you for the opportunity to provide educational services.