

INVOICE

Global Distance Learning Program

Invoice #: _____

Date: _____

Provider:

[Institute Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

Bill To:

[Student/Client Name]

[Student ID/Reference]

[Address]

[Email]

COURSE/SERVICE DESCRIPTION	UNITS/HOURS	RATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Tax/Fees: _____

Total Due: _____

Payment Terms: Net 30 days. Please include invoice number with your bank transfer.

Notes: [Insert specialized certification or enrollment instructions here]