

# INVOICE

**Training Provider Name**

Street Address

City, State, Zip

Email: contact@provider.com

**Invoice #:** \_\_\_\_\_**Date:** \_\_\_\_\_**Bill To:**

Client Name/Company

Client Address

Contact Email

**Training Details:**

Platform: [LMS/Web Link]

Session Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Description of Training Module	Attendees	Rate/Unit	Total
[Course Name - Module 01]	0	\$0.00	\$0.00
[Course Name - Module 02]	0	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

**Total Amount Due: \$0.00**

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**Payment Terms:** Net 30 days. Please make checks payable to "Training Provider Name".

Thank you for choosing our Web Based Training services.