

# INVOICE

[Training Provider Name]  
[Address Line 1]  
[Address Line 2]

INVOICE #: \_\_\_\_\_  
DATE: \_\_\_\_\_  
DUE DATE: \_\_\_\_\_

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## BILL TO:

[Student or Company Name]  
[Address]  
[Contact Number]

## TRAINING DETAILS:

**Course:** [Course Title/Code]  
**Cohort/ID:** [Batch Number]  
**Location:** [Campus/Online]

Description of Training Services	Units	Rate	Amount
Tuition / Course Registration Fee			
Practical Assessment & Certification Fee			
Instructional Materials & Resources			

Subtotal: \$ \_\_\_\_\_

Tax/VAT: \$ \_\_\_\_\_

**Total Amount Due: \$ \_\_\_\_\_**

**PAYMENT INSTRUCTIONS:**

[Bank Name] | SWIFT/BIC: [Code] | Account: [Number]

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**Accreditation Statement:** This institution is registered with [Accrediting Body Name]. License Number: [ID].  
Registered Training Organization (RTO) No: [Number].