

INVOICE

Apprenticeship Program Billing

INVOICE #

[00001]

DATE

[Month Day, Year]

PROGRAM PROVIDER

[Organization Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO

[Employer/Sponsor Name]

[Contact Person]

[Street Address]

[City, State, Zip]

Apprentice Name / ID	Description of Services / Training Module	Period	Amount
[Name]	[Tuition / Lab Fees / Assessment]	[Dates]	\$0.00
[Name]	[Instructional Materials / Tooling]	[Dates]	\$0.00
[Name]	[Administrative Fee / Certification]	[Dates]	\$0.00

Subtotal: \$0.00

Tax/Adjustments: \$0.00

Total Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Organization Name]**.
Payment is due within [30] days of invoice date.

NOTES

[Additional information regarding credit hours or compliance reporting]