

INVOICE

[Training Provider Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT Number]

BILL TO

[Client Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]

REFERENCE

Invoice #: [0000]
Date: [Month DD, YYYY]
Due Date: [Month DD, YYYY]
PO #: [Optional]

Training Program / Description	Date(s)	Participants	Rate	Amount
[Course Title - e.g., Leadership Workshop]	[MM/DD - MM/DD]	[Qty]	[\$0.00]	[\$0.00]
[Materials / Certification Fees]	-	[Qty]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]
Tax (0%): \$[0.00]

Total Due: \$[0.00]

PAYMENT INSTRUCTIONS

Bank Name: [Name]

Account Number: [Number]

SWIFT/IBAN: [Code]

Note: Please include the invoice number as a reference for all transfers.