

INVOICE

[Training Institution Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Client or Company Name]
[Contact Name]
[Address Line 1]
[City, State, Zip]

TRAINEE INFORMATION

Name: _____
Student ID: _____
Program: _____

Training Description / Course Module	Hours/Units	Rate	Amount
[Enter Vocational Course Name]			
[Certification/Exam Fees]			
[Materials/Lab Fees]			

Subtotal \$0.00
Tax / VAT \$0.00

Total Balance Due \$0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | SWIFT: [Code]
Please include the Invoice Number as a reference for your payment.

Thank you for choosing [Training Institution Name] for your professional development.