

INVOICE

[Organization Name]
[Street Address]
[City, State, Zip]

BILL TO:

[Client Name]
[Company Name]
[Email Address]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Seminar Description	Attendees	Rate per Person	Amount
[Seminar Title / Date]	[Qty]	[\$[0.00]]	[\$[0.00]]
[Additional Materials/Certificates]	-	-	[\$[0.00]]

Subtotal: \$[0.00]
Tax: \$[0.00]
Total Due: \$[0.00]

PAYMENT INSTRUCTIONS

Please make checks payable to **[Organization Name]**.
Bank Transfer: [Bank Name] | Account: [Number] | Sort Code: [Code]

Thank you for investing in professional development.