

TRADE TRAINING INVOICE

[Training Provider Name]
[Business Address]
[Phone Number]
[Tax ID / License #]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client or Company Name]
[Mailing Address]
[Contact Email/Phone]

TRAINING PROGRAM:

Course Title: _____
Instructor: _____
Location: _____

Description of Services / Modules	Hours/Units	Rate	Total
[Module Name/Tuition Fee]			
[Practical Lab / Materials Fee]			
[Certification / Examination Fee]			

Description of Services / Modules	Hours/Units	Rate	Total
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[Safety Equipment / PPE Rental]

Subtotal: \$ _____

Tax: \$ _____

Balance Due: \$ _____

PAYMENT INSTRUCTIONS:

Please make checks payable to: **[Provider Name]**

Bank Transfer: [Bank Name] | Acc: [Number] | Routing: [Number]

Note: Certification will be issued upon receipt of full payment.