

INVOICE

[Issuing Organization Name]

[Street Address]

[City, State, Zip Code]

[Phone Number]

Invoice #: [000000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

BILL TO:

[Candidate Name]

[Candidate ID/Registration #]

[Candidate Address]

[Email Address]

EXAM DETAILS:

Trade: [Trade Name]

Level: [Certification Level]

Location: [Testing Center/Online]

Description	Quantity	Unit Price	Total
Trade Certification Examination Fee	1	\$0.00	\$0.00
Practical Assessment / Lab Fee	1	\$0.00	\$0.00
Study Materials / Handbook	0	\$0.00	\$0.00

Subtotal: \$0.00

Tax / VAT: \$0.00

Amount Due: \$0.00

Payment Instructions:

Please include the Invoice Number with your payment. Checks should be made payable to [Organization Name]. For wire transfers, use the banking details provided in the candidate portal.

Note: Examination seats are not confirmed until full payment is processed.