

MATERIAL FEE INVOICE

Vocational Training Center

Invoice #: _____

Date: _____

Trainer / Institution Info

Name: _____

Address: _____

Phone: _____

Trainee / Student Info

Name: _____

Student ID: _____

Course Name: _____

Description of Materials / Equipment	Quantity	Unit Price	Total
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Subtotal: \$ _____

Tax/VAT: \$ _____
Grand Total: \$ _____

Payment Instructions

Payment is due within ____ days. Please make checks payable to: _____

Authorized Signature: _____
Date: _____