

INVOICE

Consultant Name/Agency

Date: _____

Invoice #: _____

Billed To:

Client Company Name
Department/Contact Person
Street Address
City, State, Zip

Consultant Info:

Tax ID / Business Reg
Email@Address.com
Phone Number

DESCRIPTION OF TRAINING SERVICES	HOURS/DAYS	RATE	AMOUNT
Curriculum Development - [Project Name]			
On-site Corporate Workshop Delivery			
Educational Material & Licensing Fees			
Post-Training Assessment & Reporting			
Subtotal: \$0.00			
Tax: \$0.00			

Total Due: \$0.00

Payment Terms: Net 30 Days. Please make checks payable to [Consultant Name].

Bank Details: [Bank Name] | **SWIFT/BIC:** [Code] | **Account:** [Number]

Thank you for your business.