

INVOICE

[Facilitator Name/Business]

[Address Line 1]

[Email / Phone]

Invoice #: [0000]

Date: [Date]

Due Date: [Date]

Bill To:

[Client Institution/Organization]

[Department]

[Contact Person Name]

[Address]

Workshop Details:

Title: [Workshop Name]

Date: [Event Date]

Location: [Venue/Online]

DESCRIPTION	QUANTITY / HOURS	RATE	AMOUNT
Workshop Facilitation Fees	[0]	[\$[0.00]]	[\$[0.00]]
Curriculum Development / Preparation	[0]	[\$[0.00]]	[\$[0.00]]

DESCRIPTION	QUANTITY / HOURS	RATE	AMOUNT
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Materials & Handouts	[0]	[\$[0.00]]	[\$[0.00]]
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Travel / Miscellaneous Expenses	-	-	[\$[0.00]]
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Subtotal: \$[0.00]

Tax (if applicable): \$[0.00]

Total Amount: \$[0.00]

Payment Instructions:

Please make checks payable to [Name] or transfer to:

Bank Name: [Name] | Account #: [00000000] | Routing #: [00000000]

Thank you for the opportunity to facilitate this educational session.