

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [Month DD, YYYY]

Client:

[Client Contact Person]
[Client Organization Name]
[Street Address]

Seminar Details:

Title: [Seminar Title]
Date: [Event Date]
Location: [Venue/Virtual]

Description of Training Services	Qty / Participants	Rate	Total
Seminar Facilitation Fee	[0]	[\$[0.00]]	[\$[0.00]]
Training Materials & Workbooks	[0]	[\$[0.00]]	[\$[0.00]]
Administrative / Travel Expenses	[1]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax ([0] %): \$[0.00]

Grand Total: \$[0.00]

Payment Terms: Due within [30] days of invoice date.

Payment Method: [Bank Wire / Check / Corporate Credit Card]

Thank you for choosing [Company Name] for your corporate training needs.