

# INVOICE

**Training Provider Name**

Street Address

City, State, Zip

Email / Phone

**Invoice #:** \_\_\_\_\_**Date:** \_\_\_\_\_**Due Date:** \_\_\_\_\_

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**Bill To:**

Company Name

Department / Contact Person

Street Address

City, State, Zip

**Seminar Details:**

Seminar Title: \_\_\_\_\_

Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

Description / Attendee Name	Quantity	Unit Price	Total
Seminar Registration Fee		\$	\$
Training Materials / Workbook		\$	\$
Certification Fee (if applicable)		\$	\$

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Total: \$** \_\_\_\_\_

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**Payment Instructions:**

Please make checks payable to: [Provider Name]

Bank Transfer Details: [Bank Name / Account Number / Sort Code]

Thank you for choosing us for your professional development.