

INVOICE

Business Communication Workshop

Invoice #: [0000]

Date: [MM/DD/YYYY]

FROM:

[Your Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO:

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

Description	Quantity/Hours	Rate	Amount
Communication Training Session	[0]	[\$[0.00]]	[\$[0.00]]
Workshop Materials & Handouts	[0]	[\$[0.00]]	[\$[0.00]]
Follow-up Assessment	[0]	[\$[0.00]]	[\$[0.00]]

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

Total Due: \$[0.00]

Payment Terms: Due within [30] days.

Notes: Thank you for your business. Please make checks payable to [Your Name/Company].