

[ORGANIZATION NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [0000]
Date: [Month Day, Year]
Due Date: [Month Day, Year]

BILL TO:

[Client Company Name]
[Attn: Contact Person]
[Street Address]
[City, State, Zip]

PROGRAM DETAILS:

Certification ID: [ID-Number]
Batch/Cohort: [Name/Number]
Period: [Start Date - End Date]

Description of Certification Services	Qty/Candidates	Unit Price	Amount
[Course Name/Certification Level] Enrollment Fee	[0]	\$0.00	\$0.00
Exam Proctoring & Assessment Fees	[0]	\$0.00	\$0.00
Digital Credentialing & Learning Materials	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Total Balance Due: \$0.00

Payment Instructions:

Please make checks payable to [Organization Name] or transfer via Wire/ACH to Account No: [Number] (Routing: [Number]).

Terms:

Certification credentials will be issued only upon receipt of full payment.