

INVOICE

Management Seminar Services

Invoice #: _____

Date: _____

From:

[Organization Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

Bill To:

[Attendee/Company Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

Seminar Description	Date	Qty	Unit Price	Total
[Seminar Title / Topic Name]	[Event Date]	___	\$0.00	\$0.00
Course Materials & Certification	-	___	\$0.00	\$0.00

Subtotal: \$ _____

Tax / VAT: \$ _____

Grand Total: \$ _____

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

Bank Details: [Bank Name] | **Account:** [Number] | **Swift/BIC:** [Code]

Thank you for your participation.