

INVOICE

[Training Provider Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Company Name]
[Contact Name]
[Client Address]
[Client Phone]

TRAINING LOCATION:

[Onsite Venue Name]
[Venue Address]
[Venue City, State]

Description of Training Services	Attendees	Rate/Unit	Amount
[Module Name/Training Session Description]	[Qty]	[0.00]	[0.00]
Onsite Travel & Logistical Expenses	-	-	[0.00]
Materials & Certification Fees	[Qty]	[0.00]	[0.00]

Subtotal: [0.00]
Tax: [0.00]
Total Due: \$[0.00]

NOTES & PAYMENT INSTRUCTIONS:

Please include invoice number with your payment. Checks payable to [Provider Name].
Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]