

INVOICE

Workshop Provider Name
Street Address, City, State, ZIP
Email: contact@example.com

Invoice #: _____
Date: _____

Bill To:

Workshop Details:

Title: _____
Date: _____
Location: _____

Description of Services/Materials	Quantity	Unit Price	Total
Workshop Registration Fee	___	\$___	\$___
Technical Materials/Lab Access	___	\$___	\$___
Certification/Exam Fee	___	\$___	\$___

Description of Services/Materials	Quantity	Unit Price	Total
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Additional Services (_____)	___	\$___	\$___
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Subtotal: \$ _____

Tax (___%): \$ _____

Grand Total: \$ _____

Payment Instructions:

Please make checks payable to: _____

Bank Transfer Details: _____

Payment Due Date: _____

Thank you for your business.