

INVOICE

Training Provider Name
123 Skills Avenue, Suite 100
City, State, Zip Code

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

Employer/Organization Name
Contact Person
Address Line 1
City, State, Zip Code

POLICY REFERENCE:

Policy ID: _____
Program Code: _____
Training Cycle: _____

Description of Training Services	Trainees	Rate	Amount
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Description of Training Services	Trainees	Rate	Amount
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Subtotal: \$ _____

Tax/Fees: \$ _____

TOTAL DUE: \$ _____

Vocational Training Policy Terms:

- Payment is required according to the approved training policy agreement.
- Certification will be issued only upon full settlement of this invoice.
- Cancellations or modifications are subject to the policy refund schedule.