INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

[Organization Name]
[Attention: Board Chair/Secretary]
[Street Address]
[City, State, Zip]

Description of Training Services	Hours/Qty	Rate	Total
Board Governance & Compliance Workshop			
Fiduciary Duties & Financial Oversight Session			
Strategic Planning Facilitation			
Materials & Board Handbooks			

Subtotal: _____

Tax: _____

Total Amount Due: _____

Payment Instructions:
Please make checks payable to [Training Provider Name].
For bank transfers: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for investing in excellence in board leadership.