

TAX INVOICE

[Your Business Name]
[Business Number / Tax ID]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [DD/MM/YYYY]
Due Date: [DD/MM/YYYY]

BILL TO

[Client Name/Organization]
[Contact Person]
[Client Address]
[Client Email]

PAYMENT DETAILS

Bank: [Bank Name]
Account Name: [Name]
Account #: [Number]
Reference: [Invoice #]

Description of Services	Hours/Qty	Rate	Amount
[Educational Strategy / Curriculum Design]	0.00	\$0.00	\$0.00
[Workshop Facilitation / Professional Development]	0.00	\$0.00	\$0.00
[Consultation Fees]	0.00	\$0.00	\$0.00

Subtotal: \$0.00

Tax ([0] %): \$0.00

Total Due: \$0.00

Notes: Please include the invoice number as a reference for your payment. Thank you for your business.