PROFORMA INVOICE

[STEM Organization Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Date: [DD/MM/YYYY]
Invoice #: [Reference No.]
Valid Until: [Date]

Bill To:
[Client Name/School Name]
[Department]
[Address]
[Contact Person]

Description of STEM Workshop/Module	Quantity/Students	Unit Price	Total
[Workshop Title - e.g., Robotics Level 1]	[00]	[0.00]	[0.00]
[Lab Materials & Consumables]	[00]	[0.00]	[0.00]
		Subtotal	[0.00]
		Tax/VAT ([0]%)	[0.00]
		Grand Total ([Currency])	**[0.00]**

Payment Instructions:

Bank Name: [Name]
Account Holder: [Name]
Account Number: [Number]
SWIFT/IFSC Code: [Code]

Notes: This is a proforma invoice provided prior to the delivery of services. Final invoice will be issued upon completion or as per agreement terms.