

# INVOICE

**[Your Name/Business Name]**

[Street Address]

[City, State, Zip]

[Email/Phone]

**Invoice #:** [000]

**Date:** [MM/DD/YYYY]

**Due Date:** [MM/DD/YYYY]

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**Bill To:**

[Client Name]

[Organization/School]

[Street Address]

[City, State, Zip]

**Workshop Details:**

**Title:** [Workshop Title]

**Date:** [Date of Session]

**Location:** [Venue or Online]

| DESCRIPTION                      | QTY/HOURS | RATE   | AMOUNT |
|----------------------------------|-----------|--------|--------|
| Writing Workshop Facilitation    | [0]       | \$0.00 | \$0.00 |
| Curriculum Development/Materials | [0]       | \$0.00 | \$0.00 |
| Travel/Miscellaneous Expenses    | [0]       | \$0.00 | \$0.00 |

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Subtotal: \$0.00

**Total Balance Due: \$0.00**

**Payment Instructions:**

Please make checks payable to [Your Name] or pay via [PayPal/Zelle/Bank Link].  
Thank you for supporting creative writing education!