INVOICE

Apprentice Training Session

Invoice #: _____

Date: _____

MENTOR / STUDIO

[Studio Name]
[Mentor Name]
[Address]
[Email/Phone]

APPRENTICE

[Apprentice Name]
[Address]
[Email/Phone]

Session Description	Hours/Qty	Rate	Amount
Technical Instruction (Theory/Design)			
Supervised Practical Application			
Materials & Equipment Fee			

Session Description	Hours/Qty	Rate	Amount

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

NOTES / PAYMENT INSTRUCTIONS

Please make checks payable to [Mentor Name] or pay via [Payment Method].

Payment is due within [Number] days of session completion.