
INVOICE

Invoice No: _____

Date: _____

Due Date: _____

PO Number: _____

CLIENT / BILL TO

TRAINING FACILITATOR / DEPARTMENT

TRAINING PROGRAM / COURSE DESCRIPTION	DATE OF TRAINING	ATTENDEES	RATE PER ATTENDEE	TOTAL AMOUNT

Subtotal: _____

Tax Rate / VAT: _____

Tax/VAT Amount: _____

Total Due: _____

PAYMENT TERMS & INSTRUCTIONS

Bank Name: _____

Account Number: _____

Routing Transit/Swift: _____

Payment due within _____ days of invoice date.

AUTHORIZED REPRESENTATIVE SIGNATURE

CLIENT APPROVAL SIGNATURE