

Workshop Session Invoice

Invoice #: _____

Date: _____

Your Company Name

Street Address

City, State ZIP

Phone: _____

Email: _____

Billed To:

Client Name

Client Company

Client Address

City, State ZIP

Email: _____

Session Date: _____

Session Location: _____

Reference: _____

DESCRIPTION	UNIT	QTY	RATE	AMOUNT
Workshop Facilitation	Hour	—	—	—
Session Materials	Set	—	—	—
Travel Expenses	Flat	1	—	—
Other (specify)	—	—	—	—

Notes:

Payment due within ____ days.

Thank you for your business.

Prepared by: _____

Date: _____

SUBTOTAL —

TAX —

TOTAL —