

SAMPLE INVOICE on your letterhead

Trainers - R - Us

1234 Your Street, Seattle, WA zip code (206) 222-2222 your email address

INVOICE FOR SERVICES

Invoice Number: _____

Tax Id Number: _____

Date of Invoice: 6/18/19

UW Professional & Organizational Development
Attn: Budget/Fiscal Coordinator
Campus Box 354962
4300 Roosevelt Way NE
Seattle, WA 98105-4962

Training Services

Date of Class/Service:

6/4/19	Teach Quarterly Course ABC	4 hours @ \$XXX/hr	\$XXX
6/13/19	Teach Quarterly Course ABC	4 hours @ \$XXX/hr	\$XXX

Total Charges	\$XXX
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