PROGRAM FEE INVOICE

ORGANIZATION

Organization name _____

Address _____

Phone / email _____

EIN _____

Tax-exempt status _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Program term _____

BILL TO

Organization _____ Email _____

Attention _____

Address _____

PO no. _____

PROGRAM FEES

Item	Details	Qty	Unit	Rate	Amount

Program fees subtotal

PROGRAM MATERIALS

Item	Details	Qty	Unit	Rate	Amount

Materials subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal

Sales tax, if applicable (_____%)

Amount due

PROGRAM NOTES

_____

_____

Thank you for partnering with us. Please quote the invoice number with your payment.