Training and Development Provider

Invoice

Date: _____ **Invoice Number** _____

To: INAP
1 Northcote Terrace
MEDINDIE SA 5081

From: ……

……

……

For: Facilitation of VET Course - ……
(***Name of course***)

ABN Number: ……

Details:

SESSION NUMBER	DATE OF SESSION	TIMES	NUMBER OF HOURS	HOURLY RATE	TOTAL SESSION AMOUNT

Example:

SESSION NUMBER	*DATE OF SESSION*	*TIMES*	*NUMBER OF HOURS*	*HOURLY RATE*	*TOTAL SESSION AMOUNT*
1	*01/01/2010*	*4 – 7pm*	*3*	*$....*	*$.....*

Payment due within 14 days of receipt of this invoice

Bank Name:……

BSB:…… **A/C NUMBER:**……..

E MAIL ADDRESS FOR COPY OF RECEIPT:…….....

Signature: .....