**INVOICE**

Date: \_\_\_\_\_\_\_\_\_ Invoice #: \_\_\_\_\_\_\_

Due upon receipt

**FROM:** (contractor information)

**Name:**

**Address:**

**City, ST Zip**

**BILL TO:** (grantee information)

**Name:**

**Address:**

**City, ST Zip**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qty** | **Description** | **Rate** | **Amount** |
|  | **As CPST Assistant Instructor – provide CPST Course**Perform responsibilities as designated by the Lead Instructor. Attend and participate in ALL planning meetings. Assist with classroom set-up/take down. Prepared to teach assigned modules. \_\_\_-day course, (city), (dates of course)(sales tax is based on location of service) | TAX | $ |
|  |  | **TOTAL** |  **$** |