**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 Mentor Instructor** – **assists Instructor Candidate**Complete daily evaluations and reviews with Instructor Candidate. Primary contact for any questions or concerns about the Instructor Candidate evaluations. Makes every effort to help Instructor Candidate improve his/her skills.\_\_\_-day course, (city), (dates of course)(tax is based on location of service) | TAX | $ |
|  |  | **TOTAL** |  **$** |