**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 Lead Instructor – provide CPST Course**Responsible for every aspect of the course, including making sure the rosters are accurate and the course profile includes all members of the teaching team, entering participant scores, and calculating and entering instructor teaching hours when the course is over.\_\_\_-day course, (city), (dates of course)(tax is based on location of service) | TAX | $ |
|  |  | **TOTAL** |  **$** |