Training Invoice

Trainer Information

Name:														
Organization:														
Street Address:														
City, State, Zip:														

Training Information

Date of Training	Name of Training	Location					
Reminder							

• Rate: \$90 per/hour

• Compensated preparation time is only half of the agree upon total training duration time. For example, if the training is one hour, the trainer will be compensated for 30 minutes of preparation time.

Preparation Time (in minutes)	Start Time (CST)	End Time (CST)	Duration (in minutes)	Information you want to share
Preparation Time Amount Due		tal Due		
\$	\$	\$		

Thank you for your partnership!

We look forward to working with you again.

MS Alliance of Nonprofits & Philanthropy

601-968-0061

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