| Submission Date: |  |  | Training Invoice  |
| --- | --- | --- | --- |
| 0B0BTrainer Information

|  |
| --- |
| **Name:**  |
| **Organization:** |
| **Street Address:** |
| **City, State, Zip:** |

|  |  |  |
| --- | --- | --- |
| **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)** | UU**Information you want to share** |
|  |  |  |  |
| **Preparation Time****Amount Due** | **Training****Amount Due** | **Total Due** |
| $ | $  | $  |

1B1BTraining Information |

**Thank you for your partnership!**

**We look forward to working with you again.**