

Submission Date: _____

Training Invoice

Trainer Information

Name: _____

Organization: _____

Street Address: _____

City, State, Zip: _____

Training Information

Date of Training	Name of Training			Location
Reminder				
<ul style="list-style-type: none">• 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)	<u>Information you want to share</u>
Preparation Time Amount Due	Training Amount Due	Total Due		
\$	\$	\$		

Thank you for your partnership!

We look forward to working with you again.

MS Alliance of Nonprofits & Philanthropy

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