

[Your Name and/or Company Name]

STANDARD INVOICE TEMPLATE

[Street Address}]

[City, State, Zip Code]

Phone [()] Fax [()]

DATE []

Social Security Number/EIN# []

TO:

FOR:

[Workshop Number or Project Title]

CTAE RESOURCE NETWORK, INC.

P. O. Box 961101

Riverdale, GA 30296

Phone: 866-454-2823

Fax: 770-334-3521

Email: hotline@ctaern.org

EIN#: 020548335

DESCRIPTION	AMOUNT
TOTAL:	

- *This invoice should be submitted when applicant and/or instructor has verified roster of participants' attendance and credit earned. Please allow up to twenty-one (21) days for payment by the CTAE Resource Network.*
- *This total invoice amount accurately reflects the CTAE Resource Network's approved Engagement Agreement for contractual services.*

<p>FOR CTAERN OFFICE USE ONLY</p> <p><i>Accounting Code:</i> _____</p> <p><i>Initials:</i> _____</p>
