

[Training Center Name]

[Training Center Address 1]

[City], [State] [Postal Code]

[Training Center Phone Number]

[Training Center Email Address]

Invoice

Bill To [Client Name]
[Client Address line 1]
[City], [State] [Postal code]

Invoice Number 2001321

Date 5/8/2020

Due Date

Terms

Description	Quantity	Unit price	Amount
Adobe Photoshop Course: Level 1	1	Rs. 750	Rs. 750

Total Rs. 750

Notes and Terms: