

**INVOICE**

**Invoice** No: 18/11/001 **Date:**

**Lead Trainers Details:** **Billed To:**

**Name:** *Innovation Growth Hub*

**Location:** ***Attention: Elizabeth Kalu***

**Mobile**: *Project Manager*

**Email:** *Facebook #BoostYourbusinessNG*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Description** | **Rate / CPT (NGN)** | **No. Trained** | **Amount (N)** |
| 1 | Boost Your Business with Facebook + IGHub training for 29th October, 2018 at IG Hub, 62 Asa Road, Aba, Abia State |  |  |  |
| 2 | Boost Your Business with Facebook + IGHub training for 29th October, 2018 at IG Hub, 62 Asa Road, Aba, Abia State |  |  |  |
| 3 | Boost Your Business with Facebook + IGHub training for 29th October, 2018 at IG Hub, 62 Asa Road, Aba, Abia State |  |  |  |
|  |  |  | **Sub-Total** |  | |
|  |  |  | **GRAND TOTAL** |  |
|  |  |  |  |  |

**TOTAL AMOUNT IN WORDS:**

|  |  |
| --- | --- |
| **Please Make Payments to** | |
| **Lead Trainer** | |
| Name of Account |  |
| Account Number |  |
| Name of Bank |  |
| **Support Trainer 1** | |
| Name of Account |  |
| Account Number |  |
| Name of Bank |  |
| **Support Trainer 2** | |
| Name of Account |  |
| Account Number |  |
| Name of Bank |  |
| Lead Trainer’s Authorized Signature |  |