

Include Training Provider Company Letterhead

Address | Contact Number | Website

Invoice No.:

Invoice Date:

Legal Organization Details Please include details of who purchased the training (i.e., Legal Organization Name and Address)			
Training Start Date:		Training End Date:	

Course Name	Description	No. of Employees Participated	Unit Price (CAD)	GST (CAD)	Sub – Total (CAD))
	<u>Student Name(s):</u> <u>Course Details/ Description:</u> <u>Total Instructional Hours:</u> <u>Total Duration:</u> <u>Instructor Name:</u>				
Total Amount					

SAMPLE INVOICE

Sample Address, AB T5M XXX | 780-111-XXXX | www.DriverTrainingProvider.ca

Invoice No.:

Invoice Date:

Legal Organization Details			
Please include details of who purchased the training (i.e., Legal Organization Name and Address)			
ABC Trucking Ltd. Sample Address, AB T4M XXX			
Training Start Date:	January 15, 2000	Training End Date:	February 28, 2000

Course Name	Description	No. of Employees Participated	Unit Price (CAD)	GST (CAD)	Sub – Total (CAD))
Core Learning	<u>Student Name:</u> 1. Jane Doe 2. John Doe <u>Course Details:</u> in-truck training, in yard, and classroom training (including air brakes) <u>Total Instructional Hours:</u> 60 hours <u>Total Duration:</u> 2 weeks (full time) <u>Instructor Name:</u> Henry Carter	2	\$ 6,800.00	\$ 340.00	\$ 14,280.00
Competency Building	<u>Student Name:</u> 1. John Doe <u>Course Details:</u> in-truck training <u>Total Instructional Hours:</u> 25 hours <u>Total Duration:</u> 2 weeks (full time) <u>Instructor Name:</u> Jennifer Abott	1	\$ 2,500.00	\$ 125.00	\$ 2,625.00
Total Amount					\$ 16,905.00