

Invoice

[Company]
[Street Address, City, ST ZIP Code]
Tel [Telephone] Fax [Fax]
[Email]
[Website]

replace with
LOGO

[Click Here to Select A Date](#)

[Recipient Name]

[Recipient Street Address, City, ST ZIP Code]

Course Name and Date(s):

Course Location (city and building):

Instructor Name:

Company name (if applicable):

Actual hours of in-class instruction (not to exceed the hours listed within this policy for each course):

A total amount for which you are seeking reimbursement (i.e. \$65 x # Hours of Course Instruction)

Signature

Address payment to:

7900 Hickman Rd.
Suite 500
Windsor Heights, IA 50324