|  |  |
| --- | --- |
| Your NamePreferred payment method and information | INVOICEInvoice # 1Date: <date of workshop> |
| To:Bloominglabs Inc.1840 S. WalnutBloomington, IN, 47401 |  |

|  |
| --- |
| Comments or special instructions:Name of workshop |

|  |  |  |  |
| --- | --- | --- | --- |
| QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL |
| 1 | <Materials shared> |  |  |
| # | <materials per attendee> |  |  |
| # | <instructor fee per attendee> |  |  |

|  |  |  |
| --- | --- | --- |
|  | SUBTOTAL | $ |
|  | SALES TAX | - |
|  | SHIPPING & HANDLING | - |
|  | **TOTAL due** | **$** |

Make all checks payable to Your Name

If you have any questions concerning this invoice, contact <e-mail address>

Thank you for your business!