

Installation and Training

Line Number	Support Doc Page#	Date	Description	Amount
21	20	7/24-8/23/2017	Reese Installations	\$360.00
SUBTOTAL				\$360.00
22	21	7/24-8/23/2017	Reese Training	\$165.00
SUBTOTAL				\$165.00
23	22	7/24-8/23/2017	Reese Install and Training travel expenses	\$118.00
SUBTOTAL				\$118.00
25	23	8/23/2017	Auxillary Aids	\$150.00
SUBTOTAL				\$150.00
27	24	7/24-8/23/2017	Reese Install and Training travel time cost	\$135.00
SUBTOTAL				\$135.00
30	25	7/22/2017	Reese "Train-the-trainer"	\$340.00
SUBTOTAL				\$340.00
TOTAL				\$1,268.00

Installation and Training - Time

Technician				Reporting Period			
Bob Reese				07/01/17-09/30/17			
Installation							
Date	Client Name	Time @ \$30/hour	Cost				
7/24/2017	Gerry P.	5 hours	\$150.00				
8/15/2017	Murry C.	5 hours	\$150.00				
8/23/2017	Kate R.	2 hours	\$60.00				

Total

\$360.00

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Installation and Training - Time

Technician			Reporting Period				
Bob Reese			07/01/17-09/30/17				
Training							
Date	Client Name	Time @ \$30/hour	Cost				
7/24/2017	Gerry P.	2 hours	\$60.00				
8/15/2017	Murry C.	2.5 hours	\$75.00				
8/23/2017	Kate R.	3 hours	\$90.00				

Total

L22 \$165.00

Installation and Training - Travel Expenses

Technician				Reporting Period		
Bob Reese				07/01/17-09/30/17		
Installation and Training - Travel Expenses						
Date	Client Name	Mileage @ \$0.54/mile	Mileage Cost	Parking/Tolls/Other	Food	Lodging
7/24/2017	Gerry P.	50 miles	\$27.00	\$0.00	\$0.00	\$0.00
8/15/2017	Murry C.	75 miles	\$40.50	\$0.00	\$0.00	\$0.00
8/23/2017	Kate R.	95 miles	\$51.30	\$0.00	\$0.00	\$0.00

Total

\$118.00

L23

Company Name ASL Services, Inc

INVOICE

Company Slogan

Street Address
 City, ZIP Code
 Phone 111.123.1234 Fax 111.123.1234

DATE: 8/23/2017
INVOICE # 5

BILL TO:
 Name Certified Entity
 Company Name
 Street Address
 City, ZIP Code
 Phone

FOR: Project or Service Description

DESCRIPTION	HOURS	RATE	AMOUNT
ASL Services for training Kate R.	3	\$50	\$ 150 00

SUBTOTAL	\$ -
TAX RATE	
SALES TAX	-
OTHER	
TOTAL	\$ 150 00

L 25

Make all checks payable to **Your Company Name**

THANK YOU FOR YOUR BUSINESS!

Installation and Training - Travel Time

Technician				Reporting Period		
Bob Reese				07/01/17-09/30/17		
Installation and Training - Travel Time						
Date	Client Name	Travel Time @ \$30/hour	Cost			
7/24/2017	Gerry P.	1 hour	\$30.00			
8/15/2017	Murry C.	1.5 hours	\$45.00			
8/23/2017	Kate R.	2 hours	\$60.00			

Total

L 27 \$135.00

Train the Trainer

Technician				Reporting Period		
Bob Reese				07/01/17-09/30/17		
Trainer Education						
Date	Location	Time	Cost	Fees		
7/22/2017	Trainer Certs, Inc.	8 hours @ \$30/ hour	\$240.00			
7/22/2017	Trainer Certs, Inc.			\$100.00		

Total

L 30 \$340.00

Company Name *Trainer Certs, Inc.*

INVOICE

Company Slogan

Street Address
City, ZIP Code
Phone 111.123.1234 Fax 111.123.1234

DATE: *7/22/2017*
INVOICE # 5

BILL TO:
Name *Certified Entity*
Company Name
Street Address
City, ZIP Code
Phone

FOR: Project or Service
Description

DESCRIPTION	HOURS	RATE	AMOUNT
<i>Training Techniques - 1 day registration fee</i>			\$ <i>100 00</i>

SUBTOTAL	\$	-
TAX RATE		
SALES TAX		-
OTHER		
TOTAL	\$	<i>100 00</i>

L 30

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THANK YOU FOR YOUR BUSINESS!