



**Invoice**

**PLAN B CONSULTING INC.**  
509 Chapel Ct. - Eagan, MN 55121  
(866) 769- 8083 - (612) 387- 7776 - (866) 769- 8083 (FAX)  
[planb@helloworld.com](mailto:planb@helloworld.com)

**DUE DATE**

**INVOICE #**

\_\_\_\_/\_\_\_\_  
200\_\_

JD \_\_\_\_

**INVOICE FOR:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

| DESCRIPTION   | AMOUNT                  |
|---|-------------------------|
| <p><b>DEPOSIT FOR TRAINING BEGINNING ____ / ____ 200__</b></p> <p>50% DEPOSIT</p> | <p>\$____,____.____</p> |

Please send payment to the address above.  
Include a copy of this invoice and keep one for your records.  
Thank you for your business.

**AMOUNT DUE** \_\_\_\_ , \_\_\_\_ . \_\_\_\_