

# RPA CLINIC ORGANIZER INVOICE Page 1 of



All training clinics should, as a minimum, “break even” on costs between collected event fees, sponsor fees and your production costs. Please send this invoice with collected event fees as needed via US mail. If depositing checks directly, please send via fax or as an email attachment. Retain for record or include receipts if mailing.

**CLINIC NAME:** \_\_\_\_\_

**CLINIC REGION or STATE:** \_\_\_\_\_

**CLINIC AIRPORT:** \_\_\_\_\_

**CLINIC DATES:** (dd/mm/yy) \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHONE / EMAIL:** \_\_\_\_\_

**TOTAL EVENT FEES COLLECTED/DEPOSITED:\$** \_\_\_\_\_

Please attach a separate sheet if needed (download page 2 if need). Typical costs include photocopying, bulk water, bulk food, facility rental fees, equipment rental fees, catering, office supplies, hotel and car rental fees, and other direct costs required to conduct your event/clinic.

Description:	Cost:
_____ : .....	\$ _____
_____ : .....	\$ _____
_____ : .....	\$ _____
_____ : .....	\$ _____
_____ : .....	\$ _____
_____ : .....	\$ _____
_____ : .....	\$ _____
<b>TOTAL:</b> .....	<b>\$</b> _____