

111-60 Scarsdale Rd. Toronto, ON M3B 2R7

info@ontariovolleyball.org

1-800-372-1568

Sample Mentor Invoice Template

[Your Name]
[Your Address]
[City, Province, Postal Code]
[Email Address]
[Phone Number]

Invoice To:

[Coach/Mentee's Name]
[Coach/Mentee's Address]
[City, Province, Postal Code]

Invoice Number: [Unique Invoice #]

Invoice Date: [Date]

Description of Services:

Service Provided	Quantity	Rate per Session	Total Amount
Individual Mentorship Session	[#]	\$50	\$[Total]
Group Mentorship Session	[#]	\$25	\$[Total]
Travel Expenses (if applicable)	[#]	\$[Rate]	\$[Total]
Additional Resources (if applicable)	[#]	\$[Rate]	\$[Total]

Total Amount Due: \$[Total Amount]

Payment Instructions: [Provide payment details such as e-transfer information or other accepted methods]

Notes:

Thank you for your participation in the OVA Mentorship Program! If you have any questions regarding this invoice, please contact me at [your email or phone number].