

Indiana Community Health Workers Association

PO Box 7098 317-721-1181 incommunityhealth@gmail.com

Greenwood IN 46142 F: Fax Number www.INCHWA.org

Bill To: Phone: 22-500-
 Address: Fax: Date:
 Contact: Email:



Invoice For: **Coaching Services for Individual**

| Item # | Description | Qty | Unit Price | Discount | Price |
|--------|--|-----|------------|----------|-----------|
| 1 | Coaching Services for individual | 1 | \$ 750.00 | | \$ 750.00 |
| | - 4 Video Training - On-demand | | | | \$ - |
| | - 4 Forty Five miute coaching sessions | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |

Please name of participant and biggest need.

| | |
|------------------|-----------|
| Invoice Subtotal | \$ 750.00 |
| | |
| Other | \$ - |
| | |
| | |
| TOTAL | \$ 750.00 |

Make all checks payable to Indiana Community Health Workers Association.
 Total due in 30 days.