

Simply Organic Beauty– EDUCATOR INVOICE

Educator Name:	
Education Engagement Date:	
Authorized Engagement Payment:	

About The Salon

Salon Name:	
Salon Address:	
Salon Phone Number:	
Key Contact:	

Notes

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About The Education

Hours Spent:		From:		To:						
Completed Presentation:	Yes / No									
Completed Demonstration:	Yes / No									
Completed Stock Analysis:	Yes / No									
Overall Staff Competency:	1	2	3	4	5	6	7	8	9	10
Overall Staff Enthusiasm:	1	2	3	4	5	6	7	8	9	10
Model:	Yes / No									
Services Demonstrated on Model:										
Results of Demonstration:										
Use of OWAY Color:	Exclusive / Non-exclusive / None									
Use of OWAY Retail:	Exclusive / Non-exclusive / None									
Use of O&M:	Exclusive / Non-exclusive / None									
Use of Smooth Rituals:	Exclusive / Non-exclusive / None									
Competitor Products Used/Other Simply Organic Brands Used:										
Points to Follow Up On:										
Order Taken:	Yes / No									

Travel Expenses (over 45 miles)

Total Miles Driven:	
Tolls (receipt attached):	

Educator Signature

Date

Office Use Only

Authorized Payment:	
Travel Expenses:	
Sales Commissions:	
Total:	

Authorized Signature: _____