

# INVOICE

Tuition Repayment Processing

**Invoice #:** [0000]

**Date:** [MM/DD/YYYY]

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## FROM

[Institution/Provider Name]  
[Department/Billing Office]  
[Address Line 1]  
[Email/Phone]

## BILL TO

[Student/Employee Name]  
[ID Number]  
[Address Line 1]  
[Email/Phone]

Description of Educational Expenses	Term/Period	Amount
Tuition Repayment Principal	[Fall/Spring 20XX]	\$0.00
Administrative Processing Fee	-	\$0.00
Late Payment Interest (if applicable)	-	\$0.00

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Subtotal: \$0.00  
Tax/Credits: \$0.00

**Total Due: \$0.00**

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**Payment Terms:** Due within [X] days of invoice date.

**Notes:** Please include the student ID number with your payment. Checks should be made payable to [Entity Name].