

INVOICE

[Program Name]

[Street Address]

[City, State, Zip]

[Phone/Email]

Invoice #: [0000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

BILL TO:

[Parent/Guardian Name]

[Address Line 1]

[City, State, Zip]

STUDENT DETAILS:

Student: [Student Name]

Grade/Class: [Grade Level]

Period: [Billing Cycle Dates]

Description	Quantity/Days	Rate	Amount
After School Care (Weekly/Daily Rate)	[0]	\$0.00	\$0.00
Activity/Supply Fee	[0]	\$0.00	\$0.00
Late Pickup Fees	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Discount/Sibling Credit: (\$0.00)

Total Due: \$0.00

Notes: Please make checks payable to "[Program Name]". Payments received after the due date may incur a late fee. Thank you for choosing our program.