

# TEST PREP EXCELLENCE

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## INVOICE

Invoice #: [0000]  
Date: [MM/DD/YYYY]  
Due Date: [MM/DD/YYYY]

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### STUDENT / CLIENT

**[Client Name]**  
[Street Address]  
[City, State, Zip]  
[Email Address]

### PROGRAM DETAILS

**Exam Type:** [SAT / ACT / GRE / GMAT]  
**Tutor:** [Tutor Name]  
**Billing Period:** [Dates]

DATE	DESCRIPTION OF SERVICE	QTY / HOURS	RATE	AMOUNT
[Date]	Diagnostic Assessment & Strategy Review	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	Private Tutoring Session - [Subject]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	Proctored Practice Exam Fee	[0.0]	[\$[0.00]]	[\$[0.00]]

DATE	DESCRIPTION OF SERVICE	QTY / HOURS	RATE	AMOUNT
[Date]	Curriculum Materials & Workbook	[0.0]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]  
Discount: -[\$0.00]  
Total Due: \$[0.00]

**Payment Instructions:**

Please make checks payable to "Test Prep Excellence" or pay online via the student portal.  
Cancellations require 24-hour notice to avoid a session charge.

*Thank you for choosing us for your academic goals!*