

[INSTRUCTOR NAME]

[Instrument Specialty]

[Address Line 1]

[Email / Phone]

INVOICE

Date: [Date]

Invoice #: [0001]

BILL TO:

[Student Name]

[Student Address]

[Parent/Guardian Name]

INSTRUCTION TERM:

[e.g., Spring Semester 2024]

DATE / SESSION	DESCRIPTION (TRUMPET/TROMBONE/TUBA)	DURATION	RATE	AMOUNT
[Date]	Private Instruction - [Instrument]	[60 min]	[\$0.00]	\$0.00
[Date]	Sheet Music / Method Book Fee	-	-	\$0.00
[Date]	Ensemble Coaching / Masterclass	[90 min]	[\$0.00]	\$0.00

Subtotal: \$0.00

Materials/Fees: \$0.00

Total Due: \$0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to [Instructor Name] or pay via [Electronic Payment Method].

Cancellation Policy: 24-hour notice is required for lesson rescheduling. Thank you for your commitment to musical excellence.