

CELLO INSTRUCTION

[Teacher Name]

[Phone / Email]

INVOICE

No: [000]

Date: [Date]

BILL TO:

[Student/Parent Name]

[Address]

[Email]

PAYMENT TERMS:

Due Date: [Date]

Method: [Cash/Bank/App]

Date	Description of Service	Duration	Rate	Amount
[Date]	Private Cello Lesson	[60 min]	\$0.00	\$0.00
[Date]	Private Cello Lesson	[60 min]	\$0.00	\$0.00
-	Sheet Music / Strings Reimbursement	-	-	\$0.00

Subtotal: \$0.00

Total Due: \$0.00

Notes: Please provide 24-hour notice for cancellations. Make checks payable to [Name].

Thank you for the music!