

STUDIO OF CLASSICAL MUSIC

[Instructor Name]
[Address Line 1]
[Email/Phone]

INVOICE

Date: [Date]
Invoice #: [000]

Billed To:

[Student Name]
[Parent/Guardian Name]
[Address]

Instrument: [Instrument]
Term: [Semester/Month]

DATE	LESSON DESCRIPTION	DURATION	RATE	AMOUNT
[Date]	Private Instruction	[Duration]	[\$[0.00]]	[\$[0.00]]
[Date]	Theory / Repertoire Class	[Duration]	[\$[0.00]]	[\$[0.00]]
-	Sheet Music / Materials	-	-	[\$[0.00]]

Total Balance Due: \$[0.00]

Notes & Policy: Please ensure payment is made by [Due Date]. Make checks payable to [Name] or via [Payment Method]. Cancellations require 24-hour notice to be eligible for a makeup lesson.