

INVOICE

Instructor: [Name/Studio Name]

[Address]

[Phone / Email]

Invoice #: _____

Date: _____

BILL TO:

[Student Name]

[Parent/Guardian Name]

[Address]

Date	Description (Lesson/Sheet Music/Rental)	Duration	Rate	Amount
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TOTAL DUE: \$

Payment Instructions: [Cash, Check, Venmo, etc.]

Notes: Please provide 24-hour notice for cancellations. Thank you for your dedication to the flute!