

[ACADEMY NAME]

[Street Address]

[City, State, Zip]

[Phone / Email]

INVOICE

BILL TO

[Student Name]

[Parent/Guardian Name]

[Billing Address]

Invoice #: [0000]

Date: [Date]

Due Date: [Date]

Instrument: [Piano/Violin/Voice]

Description of Lessons / Fees	Qty / Hrs	Rate	Amount
Individual Instruction - [Month]			
Theory Materials / Sheet Music			
Registration / Recital Fee			
<hr/>			
Subtotal: 0.00			
Tax / Discount: 0.00			
Balance Due: \$0.00			

Payment Terms: Please make checks payable to **[Academy Name]**.

Late payments may incur a professional service fee. Thank you for your commitment to musical excellence.