

[Studio/Teacher Name]

[Address Line 1]

[Email/Phone]

INVOICE

DATE: [DATE]

INVOICE #: [000]

Bill To:

[Parent/Guardian Name]

[Student Name]

[Address]

Recital Details:

Event: [Recital Name]

Date: [Event Date]

Venue: [Location]

Description	Quantity	Unit Price	Total
Recital Participation Fee	[1]	[\$[0.00]]	[\$[0.00]]
Guest Tickets	[0]	[\$[0.00]]	[\$[0.00]]
Sheet Music / Accompanist Fee	[1]	[\$[0.00]]	[\$[0.00]]
Video/Photo Package	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Amount Due: \$[0.00]

Please make checks payable to: [Name]

Payment Due By: [Date]

Thank you for supporting music education!