

VIOLIN INSTRUCTION

[Teacher Name]
[Address Line 1]
[Phone Number]
[Email Address]

INVOICE

Invoice #: _____
Date: _____

BILL TO:

[Student/Parent Name]
[Address]
[Email/Phone]

PAYMENT TERMS:

Due Date: _____
Payment Method: [Zelle/Venmo/Check]

Description (Lesson Date/Duration)	Qty/Hrs	Rate	Amount
Individual Violin Lesson		\$	\$
Individual Violin Lesson		\$	\$
Individual Violin Lesson		\$	\$
Sheet Music / Books / Materials		\$	\$

Subtotal: \$ _____

Adjustments/Discounts: \$ _____

TOTAL DUE: \$ _____

Policy Notes: 24-hour notice is required for cancellations. Late payments may incur a fee of [Amount]. Make all checks payable to [Teacher Name]. Thank you for your commitment to musical excellence.