

[Your Name/Business Name]

[Street Address]

[City, State, Zip]

[Email Address]

INVOICE

Invoice #: [000]

Date: [Date]

BILL TO:

[Student/Parent Name]

[Address]

[Email/Phone]

TEST CATEGORY:

[SAT / ACT / GRE / GMAT / LSAT]

Date	Description (Session Topic)	Hours	Rate	Amount
[Date]	[Diagnostic Test Review / Math Section]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Date]	[Verbal / Reading Comp]	[0.0]	[\$[0.00]]	[\$[0.00]]
-	[Materials/Book Fee]	-	-	[\$[0.00]]

Subtotal: \$[0.00]

Discount: \$[0.00]

Total Amount Due: \$[0.00]

Payment Instructions:

Please make checks payable to [Your Name] or send via [Venmo/Zelle/PayPal Handle].

Payment is due within [Number] days.