INVOICE

Music Instruction

Invoice #: [000]

Date: [Date]

INSTRUCTOR

[Name/Studio Name]
[Address]
[Phone/Email]

BILL TO

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

Date	Description (Instrument/Duration)	Rate	Amount
[Date]	[Lesson Details]	$[0.00]	$[0.00]
[Date]	[Lesson Details]	$[0.00]	$[0.00]
[Date]	[Books/Materials]	-	$[0.00]

Subtotal: $[0.00]

Total Due: $[0.00]

Payment Terms: Due upon receipt. Please make checks payable to [Name] or pay via [Payment Method].

Policy: 24-hour notice required for cancellations.