INVOICE

Music Education Services

Invoice #: _____

Date: _____

Instructor:

Name: _____
Phone: _____
Email: _____

Student / Bill To:

Name: _____
Instrument: _____
Term: _____

Lesson Date	Description / Duration	Rate	Amount

Subtotal: $ _____
Materials/Books: $ _____

TOTAL DUE: $ _____

Payment Instructions:

Please make checks payable to _____ or pay via _____.
Payment is due within _____ days of invoice date.

Thank you for the music!