

INVOICE

Language Education Center

Invoice #: _____

Date: _____

Provider:

[School/Instructor Name]

[Address Line 1]

[Address Line 2]

[Email/Phone]

Bill To:

[Student Name]

[Student ID]

[Address/Email]

Course/Language: _____

Term/Semester: _____

Description	Qty/Hours	Rate	Amount
Tuition / Instruction Fees			
Learning Materials / Textbooks			
Registration Fee			
Other: _____			

Total Due: \$ _____

Payment Instructions:

Please make checks payable to: _____

Bank Transfer / IBAN: _____

Due Date: _____

Thank you for your commitment to lifelong learning.