

FOREIGN LANGUAGE INSTITUTE

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INVOICE

Invoice #: _____
Date: _____

BILL TO:

Student Name: _____
Student ID: _____
Address: _____

PAYMENT TERMS:

Due Date: _____
Method: _____

Language Course / Service Description	Hours/Qty	Rate	Amount

Subtotal: \$ _____

Discount/Tax: \$ _____

TOTAL DUE: \$ _____

Notes: Please include the invoice number in your bank transfer. All course fees are non-refundable after the second session.

Thank you for learning with us!