

INVOICE

Invoice #: _____

Date: _____

Instructor / School:

Bill To (Group/Company):

Language / Course Level	Date/Session	Students	Rate	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Payment Instructions:

Please make checks payable to _____ or pay via _____.

Due Date: _____