

INVOICE

Exam Center Name
Street Address
City, Country

Invoice #: [00000]
Date: [YYYY-MM-DD]

Candidate Details:

Name: [Full Name]
ID Number: [Candidate ID]
Email: [Email Address]

Exam Details:

Language: [Target Language]
Level: [e.g., B2 / C1]
Test Date: [YYYY-MM-DD]

Description	Quantity	Unit Price	Total
Language Proficiency Examination Fee	1	\$0.00	\$0.00
Processing & Administrative Fee	1	\$0.00	\$0.00
Study Material / Sample Papers (Optional)	-	\$0.00	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00

Grand Total: \$0.00

Payment Status: [Pending/Paid]

Notes: Please present a copy of this invoice on the day of the examination. Fees are non-refundable under standard terms and conditions.