

LANGUAGE SCHOOL

123 Education Lane
Learning City, ST 12345
contact@languageschool.edu

INVOICE

Invoice #: _____

Date: _____

BILL TO

Student Name: _____

Student ID: _____

Address: _____

Email: _____

REGISTRATION DETAILS

Language: _____

Level: _____

Term: _____

Start Date: _____

| Description | Qty/Weeks | Unit Price | Total |
|-----------------------------------|-----------|------------|-------|
| Tuition Fees | | | |
| Registration Fee (Non-refundable) | | | |

Description

Qty/Weeks

Unit Price

Total

Textbooks & Materials

Other: _____

Subtotal: \$ _____

Tax: \$ _____

Total Amount: \$ _____

PAYMENT INSTRUCTIONS

Please make checks payable to "Language School". For bank transfers, use Swift Code: _____ and Account: _____ . Payment is due within 15 days of registration.