

INVOICE

School Name / Instructor Name
Address Line 1
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

Student Name
Language Level / Class ID
Contact Email

PAYMENT DETAILS:

Bank: _____
Account: _____
Reference: _____

Description	Quantity/Hours	Rate	Total
Language Instruction - [Month]			
Course Materials / Textbooks			
Registration/Admin Fee			
<hr/>			
Subtotal: \$ _____			
Tax: \$ _____			

Total Due: \$ _____

Notes: Please include the invoice number with your payment. Thank you for your dedication to learning!