

# [Preschool/Organization Name]

[Street Address]  
[City, State, Zip]  
[Email/Phone]

## INVOICE

**Date:** [MM/DD/YYYY]  
**Invoice #:** [00001]

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**BILL TO:**

**[Client/School Name]**  
[Contact Person]  
[Address]  
[Email]

**PAYMENT TERMS:**

Due upon receipt / Net 30  
**PO Number:** [Optional]

Curriculum Item / Service Description	Qty/License	Unit Price	Total
Full Annual Comprehensive Preschool Curriculum (Ages 3-5)	[0]	[\$0.00]	[\$0.00]
Teacher Resource Guides & Assessment Kits	[0]	[\$0.00]	[\$0.00]

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Curriculum Item / Service Description	Qty/License	Unit Price	Total
Digital Classroom License (One-Year Subscription)	[0]	[\$[0.00]]	[\$[0.00]]
Staff Professional Development & Training Session	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]  
Tax/VAT: \$[0.00]  
Amount Due: \$[0.00]

**Payment Instructions:** Please make checks payable to "[Organization Name]" or pay online via [URL/Method].

*Thank you for supporting early childhood education development.*