

# INVOICE

**Institution:** [Exam Center Name]

**Address:** [Street Address]

**Email:** [Contact Email]

**Invoice #:** [00000]

**Date:** [Date]

## Candidate Details:

[Candidate Full Name]

[Registration ID]

[Candidate Email]

## Exam Details:

[Language Name] Proficiency Exam

**Level:** [A1/B2/C1 etc.]

**Exam Date:** [Scheduled Date]

Description	Quantity	Unit Price	Total
Language Proficiency Examination Fee	1	[0.00]	[0.00]
Administrative/Registration Fee	1	[0.00]	[0.00]
Certification & Mailing Fee	1	[0.00]	[0.00]

Subtotal: [0.00]

Tax: [0.00]

**Grand Total:** [Currency Symbol][0.00]

Payment Terms: Due upon receipt.  
Thank you for choosing [Exam Center Name] for your certification.