

# INVOICE

[Tutoring Business Name]

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

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

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## BILL TO:

[Student/Parent Name]  
[Address]  
[Phone Number]

**TEST TYPE:**

[SAT / ACT / GRE / GMAT]

Description of Services	Date/Session	Rate/Hr	Hours	Amount
Individual Tutoring Session	[Date]	\$		\$
Proctored Practice Exam	[Date]	\$		\$

Description of Services	Date/Session	Rate/Hr	Hours	Amount
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Study Materials / Workbooks	-	-	-	\$
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Subtotal: \$ \_\_\_\_\_

Discount: \$ \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**

**Payment Instructions:**

Please make checks payable to [Business Name] or pay via [Online Payment Method].

Notes: Thank you for choosing [Business Name] for your test preparation needs.