INVOICE

TOEFL Training Service Provider

Invoice #: _____
Date: _____

Trainer Info

Name: _____
Address: _____
Email: _____

Student Info

Name: _____
ID/Ref: _____
Course: _____

Service Description	Hours/Units	Rate	Amount
TOEFL Intensive Training (Speaking/Writing)			
Mock Test Assessment & Feedback			
Study Materials & Resources			

Subtotal: _____
Tax/VAT: _____

Total Amount Due: _____

Payment Instructions

Bank: _____ | Account Name: _____ | Account #: _____

Note: Please include the invoice number as a reference for your payment.