

HOMESCHOOL INVOICE

Academic Year: 20__ - 20__

Invoice #: _____

Date: _____

PROVIDER / PROGRAM

Name: _____

Address: _____

Email: _____

STUDENT DETAILS

Student Name: _____

Grade Level: _____

ID Number: _____

Description (Course/Curriculum/Lab Fee)	Quantity/Semesters	Unit Price	Total

Description (Course/Curriculum/Lab Fee)	Quantity/Semesters	Unit Price	Total
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Subtotal: \$ _____
Discounts: \$ _____
Amount Due: \$ _____

Notes / Payment Instructions:
