

# INVOICE

[Supplier Name]  
[Business Address]  
[Email/Phone]

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

**Bill To:**

[Parent/Guardian Name]  
[Home Address]  
[Student Name/ID]

**Payment Terms:**

[Due Date/Net 30]

Item Description (Books, Kits, Software)	Grade Level	Qty	Unit Price	Amount

Subtotal: \$ \_\_\_\_\_  
Shipping: \$ \_\_\_\_\_  
Tax: \$ \_\_\_\_\_  
Total Due: \$ \_\_\_\_\_

**Notes:**

Please include the invoice number with your payment. Materials remain the property of [Supplier Name] until full payment is received.