

INVOICE

Homeschooling Unit Study Services

Invoice #: _____

Date: _____

Provider Information:

Name: _____

Email: _____

Phone: _____

Client Information:

Parent/Guardian: _____

Student Name: _____

Study Topic: _____

Description of Resources / Lessons	Quantity/Hours	Rate	Total
Curriculum Design & Planning			
Instructional Hours			
Books & Materials			
Field Trip Fees / Lab Supplies			

Description of Resources / Lessons	Quantity/Hours	Rate	Total
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Subtotal: \$ _____

Tax / Discounts: \$ _____

Total Due: \$ _____

Payment Terms:

Please make checks payable to _____.

Due Date: _____

Thank you for supporting personalized education!