

INVOICE

[Curriculum Provider Name]

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

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Preschool/School Name]
[Contact Person]
[Street Address]
[City, State, Zip]

Description	Quantity/Seats	Unit Price	Total
[Curriculum Tier/Name - e.g., Early Years Foundation]	[0]	[\$[0.00]]	[\$[0.00]]
[Teacher Support Materials/Digital Access]	[0]	[\$[0.00]]	[\$[0.00]]
[Physical Kits/Manipulatives Shipping]	[0]	[\$[0.00]]	[\$[0.00]]
Subtotal: \$[0.00]			
Tax: \$[0.00]			

Total Amount: \$[0.00]

Payment Instructions:

Please make checks payable to [Provider Name] or pay via [Payment Link/Method].
Thank you for choosing our curriculum for your students' early development.