# MONTESSORI CLASSROOM

123 Education Lane
Learning City, ST 12345
contact@montessoriclassroom.com

## INVOICE

Date: _____
Invoice #: _____

**BILL TO:**

Parent/Guardian Name
Address Line 1
City, State, Zip

**STUDENT:**

Student Name: _____
Program: _____
Billing Period: _____

| Description of Services | Full/Part Time | Amount |
|---|---|---|
| Monthly Tuition Fee | _____ | $ 0.00 |
| Materials & Supply Fee | - | $ 0.00 |
| Extended Care / After School | _____ | $ 0.00 |
| Other: _____ | - | $ 0.00 |

Subtotal: $ 0.00

Discounts/Credits: ($ 0.00)

**Total Amount Due: $ 0.00**

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*"Help me to do it by myself." - Maria Montessori*

Please make checks payable to **Montessori Classroom**.
Payment is due by the 5th of the month.