

[School Name] Montessori

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Date: [Date]
Invoice #: [0000]

Bill To:

[Parent/Guardian Name]
[Student Name]
[Classroom/Level]

Billing Period:

[Month, Year]

Description	Quantity	Unit Price	Total
Monthly Tuition - [Program Level]	1	\$0.00	\$0.00
Extended Care / After School	-	\$0.00	\$0.00
Materials / Activity Fee	-	\$0.00	\$0.00

Subtotal: \$0.00

Discounts: (\$0.00)

Total Amount Due: \$0.00

Payment Terms: Due by the 5th of the month. Late fees apply after the 10th.

Please make checks payable to [School Name] or pay via the parent portal.