[School Name]

Montessori Education Center
[Address Line 1]
[Phone Number]

INVOICE

Date: [Date]
Invoice #: [0000]

BILL TO:

[Parent/Guardian Name]
Student: [Student Full Name]
Level: [Toddler/Primary/Elementary]

BILLING PERIOD:

[Month, Year]

Description	Amount
Monthly Tuition Fee	$0.00
Extended Care / After School	$0.00
Materials & Supply Fee	$0.00

Description	Amount
Other: [Description]	$0.00

Subtotal: $0.00
Late Fee (if applicable): $0.00
Total Due: $0.00

PAYMENT NOTES:

Please make checks payable to **[School Name]**.
Due Date: [Date]. A late fee of [Amount] applies after [Date].

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