# MONTESSORI ACADEMY

123 Education Lane
Learning City, ST 12345
Phone: (555) 012-3456

## INVOICE

Date: _____
Invoice #: _____
Period: _____

**BILL TO:**

Parent Name: _____
Student Name: _____
Program: _____

| DESCRIPTION | AMOUNT |
| --- | --- |
| Monthly Tuition Fee | $ _____ |
| Extended Care (Before/After School) | $ _____ |
| Materials & Supply Fee | $ _____ |
| Extracurricular Activities | $ _____ |
| Other: _____ | $ _____ |

Subtotal: $ _____
Discounts/Credits: ($ _____)
Total Amount Due: $ _____

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**Payment Terms:** Please remit payment by the 5th of the month. A late fee of $50.00 applies after the 10th.

**Notes:** _____

Thank you for being part of our Montessori community.