INVOICE

Remedial Academic Coaching Program
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: _____
Date: _____

Bill To:

[Student/Parent Name]
[Address]
[Contact Number]

Program Details:

Subject: _____
Coach: _____
Term: _____

Description of Services	Hours/Qty	Rate	Amount
Academic Coaching Session			
Diagnostic Assessment Fee			
Learning Materials & Resources			

Subtotal: _____

Tax/Other: _____

Total Due: _____

Payment Instructions: Please make checks payable to [Program Name] or pay via [Electronic Method].

Notes: Payment is due within 15 days of invoice date. Thank you for choosing our coaching program.