

INVOICE

Institution Name

123 Education Lane
Learning City, ST 12345

Invoice #: _____**Date:** _____

Student / Client:

Name: _____

ID: _____

Email: _____

Payment Status:

Pending / Paid

Course Code	Course Title / CE Credits	Price
_____	_____	\$ _____
_____	_____	\$ _____
	Technology & Lab Fees	\$ _____
		Total Due: \$ _____

Payment Instructions: All online courses must be paid in full prior to the start date. Please include the Invoice Number with your payment. Continuing Education credits are issued upon successful completion of the coursework.

Contact: support@institution.edu | (555) 000-0000