

COURSE FEE INVOICE

Institution Name
123 Education Lane
City, State, Zip Code

Invoice #: _____
Date: _____
Student ID: _____

BILL TO:

Name: _____
Address: _____

Email: _____

COURSE DETAILS:

Program: _____
Semester: _____
Enrollment Date: _____

Description of Fees	Amount
Tuition Fee - Correspondence Modules	\$ 0.00
Registration & Enrollment Fee	\$ 0.00
Study Material & Mailing Costs	\$ 0.00

Description of Fees**Amount**

Examination Fee

\$ 0.00

Subtotal: \$ 0.00**Tax / VAT: \$ 0.00****Total Due: \$ 0.00**

Payment Instructions:

Please make checks payable to "Institution Name". For bank transfers, use Account No: XXXXXX-XXXX. Payment is due within 15 days of the invoice date.