

INVOICE

[Institution Name]
[Department of Distance Education]
[Street Address]
[City, State, Zip Code]

Invoice #: _____
Date: __/__/____
Student ID: _____

BILL TO:

[Student Full Name]
[Mailing Address]
[Email Address]

PROGRAM DETAILS:
[Program Name]
[Academic Term/Semester]
[Enrollment Status]

Description of Fees	Credits/Qty	Rate	Amount
Tuition - Online Instruction			
Technology & Distance Learning Fee			
Digital Library Access Fee			
Registration/Administrative Fee			

Subtotal: \$ _____

Financial Aid/Scholarship: (\$ _____)

TOTAL DUE: \$ _____

Payment Instructions:

Please make checks payable to [Institution Name]. For online portal payments, visit [URL].

Due Date: __/__/____

Late payments may incur a [Percentage]% fee or restricted access to the learning management system.