

[VOCATIONAL SCHOOL NAME]

[Street Address]
[City, State, Zip]
[Phone/Email]

INVOICE

Invoice #: _____
Date: _____

BILL TO:

[Student Name]
[Student ID]
[Address]
[Phone]

PROGRAM DETAILS:

Program: [Course/Trade Name]
Term: [Semester/Year]
Due Date: _____

Description	Code	Amount
Tuition Fee - [Term]	TUI-101	\$ 0.00
Laboratory & Materials Fee	LAB-202	\$ 0.00
Registration Fee (Non-refundable)	REG-303	\$ 0.00
Equipment / Tool Kit	EQU-404	\$ 0.00
Insurance / Student Services	ADM-505	\$ 0.00

Subtotal: \$ 0.00
Financial Aid/Discounts: (\$ 0.00)
Total Amount Due: \$ 0.00

Payment Instructions:

Please make checks payable to "[School Name]". For bank transfers, use Account No: [Number].
Late payments may incur a fee of [Percentage]% per month.

Thank you for choosing [School Name] for your professional training.