

# VOCATIONAL TRAINING CENTER

[Street Address]  
[City, State, Zip]  
[Phone Number]

## INVOICE

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_

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### BILL TO (STUDENT INFORMATION)

Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

### COURSE DETAILS

Program: \_\_\_\_\_  
Semester: \_\_\_\_\_  
Enrollment Date: \_\_\_\_\_

Description of Training Services / Fees	Amount
Tuition Fee - [Course Name]	\$ 0.00
Registration & Enrollment Fee	\$ 0.00

<b>Description of Training Services / Fees</b>	<b>Amount</b>
Lab Materials & Equipment Usage	\$ 0.00
Certification / Examination Fee	\$ 0.00
	<b>Subtotal:</b> \$ 0.00
	<b>Tax / VAT:</b> \$ 0.00
	<b>Total Due:</b> \$ 0.00

**Payment Instructions:** Please make checks payable to "Vocational Training Center". For wire transfers, use Reference No: [Invoice #]. Payments are due within 15 days of enrollment.

Thank you for choosing our center for your professional development.