

VOCATIONAL TRAINING CENTER

123 Skills Avenue, Workshop District
City, State, Zip Code
Email: billing@trainingcenter.edu

INVOICE

Invoice #: _____
Date: _____

BILL TO:

Student Name: _____
Student ID: _____
Address: _____

COURSE DETAILS:

Program: _____
Billing Period: _____
Due Date: _____

Description	Hours/Units	Rate	Total
Monthly Tuition Fee			
Lab & Materials Fee			
Equipment Rental			

Description	Hours/Units	Rate	Total
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Certification Assessment

Subtotal: \$ _____
Tax/VAT: \$ _____
Amount Due: \$ _____

PAYMENT INSTRUCTIONS:

Please make checks payable to "Vocational Training Center". Bank transfers can be made to Acct: 0000-0000. Payment is due within 15 days of invoice date.

Thank you for choosing our vocational program.