

SERVICE INVOICE

[Vocational Training Center Name]

[Address Line 1]

[City, State, Zip]

[Phone Number]

Invoice #: [0000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

Bill To:

[Student/Client Name]

[Student ID / Account #]

[Address]

[Email]

Course/Service Description	Hours/Units	Rate	Amount
[Course Name - Semester/Year]	[0.0]	[\$0.00]	[\$0.00]
[Lab Fees / Material Costs]	[1]	[\$0.00]	[\$0.00]
[Certification/Exam Fees]	[1]	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Discount/Scholarship: -[\$0.00]

Total Due: \$[0.00]

Payment Instructions:

Please make checks payable to: [Training Center Name]

Bank Transfer Details: [Bank Name / Account # / Routing #]
Notes: [Refund policy or payment terms]