INVOICE

[After School Program Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [0001]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Parent/Guardian Name]
[Street Address]
[City, State, Zip]

STUDENT INFO:

Child Name: [Name]
Grade/Class: [Grade]
Billing Period: [Dates]

Description	Rate/Session	Qty/Days	Total
Weekly After School Tuition	$0.00	0	$0.00
Late Pick-up Fees	$0.00	0	$0.00
Materials/Activity Fee	$0.00	1	$0.00

Subtotal: $0.00
Tax/Discount: $0.00

Amount Due: $0.00

Payment Notes: Please make checks payable to [Program Name]. Late payments may incur a fee of [Amount].

Tax ID: [XX-XXXXXXX]