INVOICE

Community After School Program

Invoice #: _____
Date: _____

From:
[Organization Name]
[Street Address]
[City, State, Zip]
[Phone/Email]
Bill To (Parent/Guardian):
[Name]
[Street Address]
[City, State, Zip]
Student Name: _____

Description of Service	Dates/Weeks	Rate	Amount
After School Care		$	$
Materials/Activity Fee		$	$
Late Pickup Fee (if applicable)		$	$

Subtotal: $_____

Discount/Subsidy: ($_____)

Total Due: $_____

Payment Due Date: _____

Notes: Please make checks payable to "[Organization Name]". Include student's name in the memo line.

Thank you for participating in our community program!