INVOICE

[Program Name]
[Street Address]
[City, State, Zip]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO

[Parent/Guardian Name]
[Student Name] - [Grade/Class]
[Street Address]
[City, State, Zip]

SERVICE PERIOD

[Start Date] to [End Date]

Description of Services	Sessions/Hours	Rate	Amount
After School Care / Tuition	[Qty]	$[0.00]	$[0.00]
Materials & Supply Fee	[Qty]	$[0.00]	$[0.00]
Special Activity/Extracurricular	[Qty]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Discount: ($[0.00])
Total Due: $[0.00]

PAYMENT INSTRUCTIONS

Please make checks payable to **[Program Name]**. For electronic transfers, use reference **[Invoice Number]**. Late payments may be subject to a fee of [Amount] per week.

Thank you for choosing our educational services!