TUITION INVOICE

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

Invoice #: _____
Date: _____
Billing Month: _____

Bill To:

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

Student Information:

Name: _____
Grade/Class: _____

Description	Qty/Weeks	Rate	Amount
Monthly Tuition Fee			
Registration/Supply Fee			
Extracurricular/Activity Fee			
Late Pickup Charges			

Subtotal: $0.00
Discounts: ($0.00)

Total Due: $0.00

Notes & Payment Instructions:

Please make checks payable to: [Business Name]
Due Date: [Date]
A late fee of [Amount] will be applied after the due date.