INVOICE

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

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Bill To:

[Parent/Guardian Name]
[Student Name]
[Address]
[Email]

Description	Sessions/Weeks	Rate	Amount
[After School Tuition - Month/Year]	[Qty]	$0.00	$0.00
[Additional Activity/Lab Fee]	[Qty]	$0.00	$0.00
[Late Pickup Fee]	[Qty]	$0.00	$0.00

Subtotal: $0.00
Discount/Credit: ($0.00)
Total Due: $0.00

Please make checks payable to: **[Program Name]**

Thank you for choosing our after school program!