INVOICE

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

Invoice #: _____
Date: _____

BILL TO (PARENT/GUARDIAN)
STUDENT INFORMATION

Name:
Grade/ID:

Activity Description	Date/Period	Rate	Amount

Subtotal: $_____

Discount/Credit: $_____

Total Due: $_____

PAYMENT INSTRUCTIONS & NOTES

Please make checks payable to **[Organization Name]**.
Due Date: _____

Thank you for your participation!