INVOICE

Academic Tutoring Services

Invoice #: _____

Date: _____

TUTOR DETAILS

Name: _____

Department/Faculty: _____

Email: _____

BILL TO

Student Name: _____

Student ID: _____

Course Code: _____

Date	Session Topic / Module	Hours	Rate	Total

Subtotal: $_____

Amount Due: $_____

PAYMENT INSTRUCTIONS

Method: _____

Account/Reference: _____