[Agency Name]

[Agency Address]
[City, Country, Zip]
[Email/Phone]

INVOICE

DATE: [MM/DD/YYYY]
INVOICE #: [00000]

Bill To:

[Student Name]
[Parent/Guardian Name]
[Billing Address]
[Phone Number]

Program Details:

Language: [Target Language]
Destination: [City, Country]
Dates: [Start Date] - [End Date]

Description	Quantity	Unit Price	Amount
Language Intensive Course (Hours/Weeks)	[0]	$0.00	$0.00
Homestay / Residential Accommodation	[0]	$0.00	$0.00
Cultural Excursions & Field Trips	[0]	$0.00	$0.00
Immersion Workshop Materials	[0]	$0.00	$0.00

Description	Quantity	Unit Price	Amount
Airport Transfer & Ground Transport	[0]	$0.00	$0.00

Subtotal: $0.00
Tax/VAT: $0.00

Total Due: $0.00

Payment Terms: Please remit payment by [Due Date].

Notes: Includes all educational materials and 24/7 emergency support during travel. Flights not included unless specified.