IMMERSION INVOICE

Invoice #: _____
Date: _____

Provider:
[Organization Name]
[Street Address]
[City, Country, Postcode]
[Email/Phone]
Client / Student:
[Name]
[ID Number]
[Address]
[Program Dates]

Description of Services	Units/Days	Rate	Total
Language Tuition (Hours/Level)			
Homestay / Accommodation			
Cultural Excursions & Guided Tours			
Travel Insurance & Admin Fees			
Course Materials & Textbooks			

Subtotal: _____

Tax/VAT: _____

Grand Total (EUR â‚¬): _____

Payment Instructions:

Bank: [Name]
IBAN: [Number]
SWIFT/BIC: [Code]
Reference: [Invoice Number]

Terms: Payment due within 14 days. *Merci pour votre confiance.*