INVOICE

Tour Agency Name
Street Address, City
Country, Postal Code

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

Organization/School Name
Contact Person
Address
Email / Phone

Tour Details:

Language: _____
Destination: _____
Dates: _____

Description	Quantity	Unit Price	Total
Language Instruction & Workshops			
Accommodation (per person/group)			
Cultural Excursions & Entry Fees			

Description	Quantity	Unit Price	Total
Local Transportation & Transfers			
Administrative Fees			

Subtotal: $ _____
Tax: $ _____

Amount Due: $ _____

Payment Instructions:
Bank Name: _____
Account Number: _____
Swift/BIC: _____

Terms: Please include the invoice number as a reference for all bank transfers.