INVOICE

Language Immersion Program

Invoice #: [0000]

Date: [Date]

School/Provider:
[High School Name]
[Department Name]
[Street Address]
[City, State, Zip]
Bill To (Student/Parent):
[Student Name]
[ID Number]
[Street Address]
[City, State, Zip]

DESCRIPTION	LANGUAGE	DURATION/QUANTITY	UNIT PRICE	TOTAL
Program Tuition (Immersion Session)	[Language]	[X] Weeks	$0.00	$0.00
Course Materials & Lab Fees	-	1	$0.00	$0.00
Cultural Activity/Excursion Fee	-	[Quantity]	$0.00	$0.00

DESCRIPTION	LANGUAGE	DURATION/QUANTITY	UNIT PRICE	TOTAL
Insurance/Registration Fee	-	1	$0.00	$0.00

Subtotal: $0.00
Financial Aid/Scholarship: -$0.00

Balance Due: $0.00

Payment Instructions:
Please make checks payable to "[School Name]". Electronic payments can be made via the student portal. Payment is due by [Due Date].

Notes: [Insert refund policy or additional program details here].