INVOICE

#INV-0000
Date: [Date]

[Language School Name]
[Address Line 1]
[City, Country]
[Tax ID / Registration]

STUDENT DETAILS

[Student Full Name]
[Passport Number]
[Email Address]
[Phone Number]

COURSE INFORMATION

[Language] Intensive Program
Duration: [X] Weeks
Start Date: [Date]
End Date: [Date]

Description	Units	Rate	Amount
Intensive Tuition (30 hrs/week)	[Units]	[Price]	[Total]
Course Materials & Enrollment Fee	1	[Price]	[Total]
Accommodation ([Type])	[Nights]	[Price]	[Total]
Airport Transfer / Travel Insurance	1	[Price]	[Total]

Subtotal [Currency] 0.00
Tax / VAT [Currency] 0.00
Total Due [Currency] 0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | IBAN: [Number] | SWIFT/BIC: [Code]
Please include the Invoice Number as a reference for all bank transfers.

Thank you for choosing [Language School Name] for your language immersion.