International Language Study Program

123 Global Education Way
London, UK, WC1E 7HU
contact@ilsp-edu.com

INVOICE

DATE: _____
INVOICE #: _____

Bill To:

_____
_____
_____

Student Details:

Name: _____
ID: _____
Language: _____

Description	Hours/Weeks	Rate	Amount
Tuition Fees (Course: _____)			
Registration & Enrollment			
Course Materials & Textbooks			
Accommodation (if applicable)			

Subtotal: $ _____
Tax / VAT: $ _____

Total Amount: $ _____

Payment Terms:

Please complete payment within 14 days. Bank transfers should include the Invoice # as a reference.

Thank you for choosing our International Language Study Program.