[LANGUAGE SCHOOL NAME]

[Street Address]
[City, Country, Postcode]
[Email Address]

INVOICE

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

STUDENT DETAILS

[Student Full Name]
Passport No: [Number]
[Student Address]
[Email/Phone]

PROGRAM OVERVIEW

Course: [Course Level/Name]
Duration: [X] Weeks
Dates: [Start Date] to [End Date]

Description	Quantity/Weeks	Unit Price	Total
Tuition Fees (Intensive Language Program)	[0]	[0.00]	[0.00]
Accommodation ([Type])	[0]	[0.00]	[0.00]

Description	Quantity/Weeks	Unit Price	Total
Enrollment & Material Fees	1	[0.00]	[0.00]
Airport Transfer / Insurance	1	[0.00]	[0.00]

Subtotal: [0.00]
Tax/VAT: [0.00]
Total Amount: [Currency] [0.00]

PAYMENT INSTRUCTIONS

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

Please note that all bank transfer charges are to be borne by the remitter.