# INVOICE

Language School Name
Street Address, City
Country, Zip Code

**Invoice #:** _____
**Date:** _____
**Due Date:** _____

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**STUDENT DETAILS:**

Name: _____
Passport No: _____
Email: _____

**PROGRAM DETAILS:**

Destination: _____
Course Type: _____
Duration: _____

| Description | Quantity/Weeks | Unit Price | Total |
|---|---|---|---|
| Language Tuition Fees | | | |
| Registration & Enrollment Fee | | | |
| Accommodation (Hostel/Host Family) | | | |

| Description | Quantity/Weeks | Unit Price | Total |
|---|---|---|---|
| Course Materials & Textbooks | | | |
| Airport Transfer / Insurance | | | |

Subtotal: _____

Tax/VAT: _____

**GRAND TOTAL: _____**

**PAYMENT INFORMATION:**

Bank Name: _____
SWIFT/BIC: _____
Account Number/IBAN: _____

Note: Please include the Invoice Number as a reference for your bank transfer. Registration is only confirmed upon receipt of full payment.