INVOICE

[Your Name/Organization]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]
[Client Email]

PROGRAM DETAILS:

Language: [Language]
Duration: [Start Date] - [End Date]
Location: [Immersion Location]

Description of Services	Hours/Days	Rate	Amount
Private Language Instruction	[0]	$[0.00]	$[0.00]
Cultural Activities & Excursions	[0]	$[0.00]	$[0.00]
Accommodations/Housing	[0]	$[0.00]	$[0.00]
Administrative/Material Fees	1	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Balance Due: $[0.00]

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Name]** or pay via **[Bank Transfer/Digital Method]**.
Thank you for choosing this private immersion experience.