# IMMERSION INVOICE

[Organization Name]
[Street Address]
[City, State, Zip]

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

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**BILLED TO:**

[Student Name]
[Parent/Guardian]
[Mailing Address]
[Email/Phone]

**PROGRAM DETAILS:**

**Destination:** _____
**Language:** _____
**Dates:** _____ to _____

| Description | Units/Days | Rate | Amount |
|---|---|---|---|
| Program Tuition & Language Instruction | | | $ 0.00 |
| Homestay / Shared Accommodation | | | $ 0.00 |
| Cultural Excursions & Field Trips | | | $ 0.00 |

| Description | Units/Days | Rate | Amount |
| --- | --- | --- | --- |
| Travel Insurance & Processing Fees | | | $ 0.00 |

Subtotal: $ 0.00
Scholarship/Discount: - $ 0.00
Total Due: $ 0.00

**Payment Instructions:**
Please make checks payable to "[Organization Name]". For wire transfers, use Reference ID: [Invoice Number].

**Cancellation Policy:**
Refunds are subject to terms outlined in the program enrollment agreement.