INVOICE

Summer Language Immersion Trip

Invoice #: _____

Date: _____

Program Provider:

_____
_____
_____

Participant Details:

Name: _____
ID: _____
Destination: _____

Description of Services	Quantity/Weeks	Unit Price	Amount
Language Tuition & Course Materials			
Homestay / Cultural Accommodation			
Guided Cultural Tours & Activities			

Description of Services	Quantity/Weeks	Unit Price	Amount
Airport Transfers & Local Transport			
Mandatory Travel Insurance			

Subtotal: $_____

Discounts/Scholarships: ($_____)

Total Due: $_____

Payment Terms:

Please make checks payable to the program provider listed above. All payments must be settled 30 days prior to departure. Bank wire transfers are accepted via the following details: [SWIFT/IBAN Placeholder].