University Foreign Language Program

Office of the Registrar
123 University Ave, Academic City
Contact: language.dept@university.edu

INVOICE

Invoice #: _____
Date: _____
Student ID: _____

BILL TO:

Name: _____
Address: _____
Email: _____

PROGRAM DETAILS:

Semester: _____
Language: _____
Level: _____

Description	Course Code	Credits	Amount
Language Tuition Fee	_____	_____	$ _____
Lab & Multimedia Fee	-	-	$ _____
International Registration Fee	-	-	$ _____

Description	Course Code	Credits	Amount
Textbooks & Materials	-	-	$ _____

Subtotal: $ _____
Discounts/Scholarships: ($ _____)

Total Due: $ _____

PAYMENT INSTRUCTIONS

Please make all checks payable to **University Foreign Language Dept**. For wire transfers, include the Student ID as a reference. Payments are due within 30 days of the invoice date.