

INVOICE

Language Arts Tutoring Services

INVOICE # [000]
DATE [Date]

TUTOR INFO [Name]
[Address]
[Email/Phone]
BILL TO [Student/Parent Name]
[Address]
[Email]

Description (Session Date/Topic)	Rate/Hr	Hours	Total
Essay Review & Grammar Analysis	\$0.00	0.0	\$0.00
Literature Discussion: [Title]	\$0.00	0.0	\$0.00
Creative Writing Workshop	\$0.00	0.0	\$0.00

Subtotal: \$0.00

Tax/Fees: \$0.00

Total Due: \$0.00

PAYMENT INSTRUCTIONS Please make checks payable to [Name] or pay via [Payment Platform/Handle].
Payment is due within [Number] days of receipt.