TUTORING SERVICES

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

INVOICE

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Student Name - if different]
[Address]
[Email]

PAYMENT TERMS:

[e.g. Due on Receipt / Net 15]
Method: [e.g. Bank Transfer, PayPal, Check]

Description (Subject/Topic)	Date	Rate/Hr	Hours	Amount
[Service Description]	[Date]	$0.00	0.0	$0.00
[Service Description]	[Date]	$0.00	0.0	$0.00
[Additional Materials/Resources]	-	-	-	$0.00

Subtotal: $0.00

Discount: ($0.00)
TOTAL DUE: $0.00

NOTES:

Thank you for your business. Please include the invoice number with your payment.