

[Program Name]

[Address Line 1]

[Phone Number]

[Email Address]

INVOICE

Date: _____

Invoice #: _____

Bill To:

[Parent/Guardian Name]

[Student Name]

[Address]

Service Description	Hours/Days	Rate	Total
[Program Name - e.g., Academic Tutoring]			
[Program Name - e.g., Arts & Crafts]			
[Other Fees/Registration]			
		Subtotal: \$	_____
		Discount: \$	_____
		Total Due: \$	_____

Payment Terms: Due upon receipt. Please make checks payable to "[Program Name]".

Thank you for choosing our educational services!