

INVOICE

Test Preparation Educational Services

Invoice #: _____
Date: _____

Provider Details:

Name: _____
Address: _____
Email: _____

Bill To:

Student Name: _____
ID/Account: _____
Address: _____

Service Description (SAT/ACT/GRE/etc.)	Hours/Units	Rate	Amount

Subtotal: \$ _____

Tax/Fees: \$ _____

Total Due: \$ _____

Payment Instructions:

Please make checks payable to: _____

Electronic Payment (Bank/App): _____

Thank you for choosing our educational services. Payment is due within 15 days.