PROFORMA INVOICE

[University Name]
[Department/Finance Office]
[University Address]

Date: [DD/MM/YYYY]
Invoice #: [Reference Number]
Academic Year: [20XX/20XX]

STUDENT INFORMATION

Name: [Student Full Name]
Student ID: [ID Number]
Program: [Degree Name]
Year of Study: [1 / 2 / 3 / 4]

BILL TO / SPONSOR

[Name/Organization]
[Billing Address]
[Contact Email/Phone]

Description of Fees	Semester/Period	Amount
Tuition Fees	[Term]	0.00
Registration & Administrative Fees	[Term]	0.00
Laboratory / Resource Fees	[Term]	0.00
Student Health Insurance	[Annual]	0.00
Campus Facility Fees	[Term]	0.00

Subtotal: [Currency] 0.00

Scholarship/Discounts: - [Currency] 0.00
Total Payable: [Currency] 0.00

PAYMENT INSTRUCTIONS

Bank Name: [Name]
Account Name: [Name]
Account Number/IBAN: [Number]
SWIFT/BIC: [Code]
Reference: [Student Name / ID Number]