[School Name]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

PROFORMA INVOICE

Date: [MM/DD/YYYY]
Invoice #: [0000]

Bill To:

[Parent/Guardian Name]
[Student Name]
[Student ID/Level]
[Mailing Address]

Terms:

Academic Term: [Season/Year]
Due Date: [Date]

Description of Services	Period	Amount
Tuition Fee - [Program Name]	[Term/Month]	$0.00
Enrollment / Registration Fee	One-time	$0.00
Materials & Practical Life Supplies	[Term]	$0.00
Extracurricular Activities	[Term]	$0.00

Subtotal: $0.00
Scholarship/Discount: -$0.00

Total Amount Due: $0.00

Payment Instructions: [Bank Name] | **Account:** [Number] | **Reference:** [Student Name]

Note: This is a proforma invoice for planning purposes. A tax invoice will be issued upon receipt of payment.