PROFORMA INVOICE

Institution Name
Address Line 1
City, State, Zip

Date: _____
Invoice #: _____
Valid Until: _____

Student Details:

Name: _____
Student ID: _____
Course/Program: _____

Billing Details:

Guardian Name: _____
Contact: _____
Email: _____

Description	Amount
Admission & Registration Fee	0.00
Tuition Fee (Current Semester)	0.00
Laboratory / Library Fees	0.00

Description	Amount
Student Activity / Facilities Fee	0.00

Subtotal: $0.00

Discount/Scholarship: ($0.00)

Total Payable: $0.00

Payment Instructions:
Bank Name: _____ | Account No: _____
SWIFT/IFSC: _____ | Note: Please include Student ID as reference.

Authorized Signatory