UNIVERSITY NAME

Office of Admissions
123 University Avenue
City, State, Zip Code
Contact: admissions@university.edu

PROFORMA INVOICE

Date: [Date]
Reference No: [Application ID]

Bill To:

[Applicant Full Name]
[Applicant Address]
[City, Country]
[Email Address]

Application Details:

Academic Year: [20XX/20XX]
Program: [Degree Name]
Intake: [Fall/Spring/Summer]

Description	Quantity	Unit Price	Amount
Undergraduate/Postgraduate Application Fee	1	[Currency] 0.00	[Currency] 0.00
International Student Processing Surcharge (if applicable)	1	[Currency] 0.00	[Currency] 0.00

Total Amount Due: [Currency] 0.00

Payment Instructions:
Bank Name: [University Bank Name]
Account Name: [University Name Accounts]
Account Number / IBAN: [Account Details]
SWIFT/BIC Code: [Swift Code]
Please use the Reference Number above as the payment narration.