INVOICE

Software Subscription Service

Invoice #: _____

Date: _____

FROM:
[Company Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

TO (School/District):
[Contact Name]
[Institution Name]
[Address Line 1]
[City, State, Zip]

Description	Quantity/Seats	Unit Price	Total
Classroom Management License - Annual Subscription	_____	$ _____	$ _____
Teacher Dashboard Add-on	_____	$ _____	$ _____
Priority Technical Support	_____	$ _____	$ _____

Subtotal: $ _____
Tax: $ _____

Amount Due: $ _____

Notes / Payment Instructions:

Please make checks payable to [Company Name]. For wire transfers, use Account: _____.
Subscription period: [Start Date] to [End Date].

Thank you for helping us empower educators and students.