INVOICE

[Software Company Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT Number]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Client Institution/School Name]
[Department Name]
[Billing Address]
[Contact Email]

Subscription Period:

[Start Date] to [End Date]

Subscription Plan / Service	Quantity	Unit Price	Total
[LMS Software Name] - Enterprise License Monthly/Annual Subscription	[0]	$[0.00]	$[0.00]
[Additional Feature: Virtual Classroom Add-on]	[0]	$[0.00]	$[0.00]
[Student/User Seats Overages]	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]

Amount Due: $[0.00]
Payment Instructions:

[Bank Name]
[Account Number / IBAN]
[SWIFT/BIC Code]

Thank you for supporting distance education.
Terms & Conditions: Net [30] Days. Late fees may apply.