K-12 LEARNING PORTAL

123 Education Lane
Learning City, ED 54321

INVOICE

Invoice #: _____
Date: _____

BILL TO:

Parent/Guardian Name: _____
Student Name: _____
Grade Level: _____

PAYMENT STATUS:

Due Date: _____

Subscription Description	Period	Price
Annual K-12 Digital Curriculum Access	20__ - 20__ Academic Year	$ 0.00
Interactive Lab Add-on	Full Year	$ 0.00
Technical Support & Maintenance	Annual	$ 0.00

Subtotal: $ _____

Tax: $ _____

Total Amount Due: $ _____

Thank you for investing in your student's education.

For billing inquiries, please email support@k12portal.example