

INVOICE

Homeschooling Assistance Services

Invoice #: _____

Date: _____

Service Provider:

[Name/Organization]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

Bill To:

[Parent/Guardian Name]

[Address Line 1]

[City, State, Zip]

[Student Name(s)]

Description of Services (Curriculum, Tutoring, etc.)	Hours/Qty	Rate	Amount

Subtotal: _____

Tax/Fees: _____

Total Amount Due: _____

Payment Instructions:

Please make checks payable to [Name] or pay via [Payment Method].
Due Date: _____

Thank you for allowing me to support your child's education!