



# INVOICE

Invoice No:  
Date:  
Due Date:

## MEMBER DETAILS (BILL TO)

Full Name:  
Student ID:  
Email:  
Faculty/Dept:

## SUBSCRIPTION DETAILS

Membership:  
Category:  
Duration:  
Status:

| DESCRIPTION | UNIT PRICE | QTY | AMOUNT |
|-------------|------------|-----|--------|
|-------------|------------|-----|--------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Subtotal: \_\_\_\_\_

Discount: \_\_\_\_\_

**Total Due:** \_\_\_\_\_

Payment Instructions:  
Bank Name:  
Account Name:  
Account Number:  
Reference:

Authorized Signature

Member Signature