

INVOICE

Invoice No. _____

Date: _____

Due Date: _____

STUDENT DETAILS

Student Name: _____

Student ID: _____

Email: _____

Phone: _____

ACADEMIC PROGRAM

Program/Degree: _____

Term/Semester: _____

Department: _____

Advisor: _____

COURSE CODE	COURSE / ITEM DESCRIPTION	CREDITS	UNIT PRICE	TOTAL AMOUNT

Subtotal: _____

Scholarship /
Discount: _____

Other Fees / Charges: _____

Total Amount Due: _____

PAYMENT INFORMATION & INSTRUCTIONS

Bank Name: _____

Account Name: _____

Account / IBAN No: _____

Swift / BIC Code:

AUTHORIZED SIGNATURE