

BILLING STATEMENT

Language Education Services

Statement No:

Date:

Due Date:

TEACHER INFO

Name:

Email:

Phone:

Address:

CLIENT / STUDENT INFO

Client Name:

Student Name:

Billing Address:

Email/Phone:

DATE	DESCRIPTION / LESSON TOPIC	HOURS	RATE	AMOUNT
------	----------------------------	-------	------	--------

.....
.....
.....
.....
.....

Subtotal:

Tax / VAT:

Total Due:

PAYMENT METHODS

Bank Name:

Account Holder:

IBAN / Account No:

BIC / Swift Code:

PayPal / Alternative:

Thank you for your business!