

SAMPLE INVOICE

- The name of your organization should appear here
- The full address with telephone number, fax number and email address should appear here

Date of Invoice: _____

Name of Students

Last Name	First Name	Date Joined	Tuition Paid	Referral Fee

TOTAL DUE: _____

Financial Information

Bank Name	
Transit #	
Bank Account #	
Bank Address	
SWIFT CODE	
IBAN #	
Name of Beneficiary	
Address of Beneficiary	

As long as your invoice has all the information described above and is submitted to our office 30 days after your student(s) has/have joined one of our programs, all fees will be forwarded to you expeditiously. Please feel free to format this document as you wish.