Invoice

BRAINTREE
EDUCATIONAL SERVICES

Invoice Date:

Vendor Name:
Vendor Address:
Vendor Phone/Email:

Student Name:

Description of Services	Quantity	Unit price	Total price
Item #1:			$0.00
Item #2:			$0.00
Item #3			$0.00
Item #4			$0.00
Item #5			$0.00
Item #6			$0.00
Item #7			$0.00
Item #8			$0.00
Notes:		**Subtotal**	**$0.00**
		Adjustments	
		Grand Total	**$0.00**