

Invoice Number:

Invoice Date:



2700 McKinley Ave  
 Columbus In 47201  
 (812)376-4451 Office  
 (812)376-4512 Fax

Invoice Information:

Referral:		Referred:	
School:		Student:	
Address:		Address:	
Phone:		Phone:	
Email:		Alternative Contact:	

Signature of Approval:

Enrollment Information:

Date	Course	Course End Date	Student Payment	School Payment
Subtotal:				

**Total Amount Due:**