

INVOICE TO:

The Learning Choice Academy
861 Harold Pl, Suite 301
Chula Vista, CA 91914

Agency Name: _____			
Instructor Name: _____			
Address: _____			
		City	Zip Code
Phone: _____		E-mail: _____	

Class Name: _____		
***A separate original invoice must be provided for each monthly billing period		
	<u>Student Name:</u>	<u>Class Dates:</u>
	<u>Tuition Amount</u>	
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
Total Tuition Amount:		\$ _____

Provider Signature: _____ Date: _____

Note: TLC Academy provides students a monthly allowance for tuition of classes. Payment does not in anyway endorse an agency; TLC is not liable for student safety. Payment will be made on a monthly basis if all paperwork is completed and invoice submitted. Payments will not be made in advance or for more than the agreed amount. Payments will not be made for students who do not attend the class or who have dis-enrolled from the school. The last date to submit invoice is June 11, 2010.

<u>For Office Use ONLY:</u>			
IA Initials	Date Received	Date Reviewed	Initials
\$			
FMP #	Amount		