

INVOICE

Invoice Date:

**BILL TO:**

Student(s) Name:

Parent Name:

**BILL FROM:**

Valley Christian Schools  
 EIN: 86-0431878  
 6900 W. Galveston St.  
 Chandler, AZ 85226  
 (480) 705-8888

DESCRIPTION	AMOUNT
Tuition	_____
VINE Tuition	_____
Sub Total	_____
Fee	_____
Total	_____

**TERMS AND CONDITIONS**

Payment is due upon receipt. There will be additional fees for payments made after the first of the month.

Thank you for your business!