

INVOICE

College Admissions Consulting

Invoice #: [000]
Date: [Date]
Due Date: [Date]

From:

[Consultant/Company Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

Bill To:

[Student/Parent Name]

[Street Address]

[City, State, Zip]

[Email]

Service Description	Hours/Qty	Rate	Amount
Essay Review & Brainstorming	[0.0]	\$0.00	\$0.00
Application Strategy Session	[0.0]	\$0.00	\$0.00
Interview Preparation	[0.0]	\$0.00	\$0.00
Monthly Retainer / Package Fee	[0.0]	\$0.00	\$0.00

Subtotal: \$0.00
Tax/Discount: \$0.00

Total Amount Due: \$0.00

Payment Instructions:

Please make checks payable to [Name] or pay via [Venmo/Zelle/Bank Transfer Details].

Notes: Thank you for the opportunity to work with you on your academic journey.