INVOICE

[Consultant Name/Business]
[Street Address]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name/Institution]
[Address]
[Contact Email]

PROJECT/STUDENT:

[Project Title or Student ID]
[Term/Semester]

Description of Services	Hours/Qty	Rate	Amount
[Service Name: e.g., Academic Planning]			
[Service Name: e.g., Virtual Coaching]			
[Service Name: e.g., Curriculum Review]			

Subtotal: _____
Tax/Fees: _____
Total Amount Due: _____

Payment Instructions:

[Bank Transfer Details / PayPal / Digital Wallet Link]

Thank you for your partnership in education.