INVOICE

[Coach Name/Business Name]
[Address Line 1]
[Email / Phone]

INVOICE # [000]
DATE: [Date]

BILL TO:

[Parent/Guardian Name]
Student: [Student Name]
[Address Line 1]

DUE DATE:

[Date]

Date	Description of Service	Hours	Rate	Amount
[Date]	Academic Coaching: [Subject/Focus]	[0.0]	$[0.00]	$[0.00]
[Date]	Standardized Test Prep: [SAT/ACT]	[0.0]	$[0.00]	$[0.00]
[Date]	College Essay Review / Consulting	[0.0]	$[0.00]	$[0.00]

Total Balance Due: $[0.00]

PAYMENT INSTRUCTIONS:
Please make checks payable to [Business Name] or pay via [Payment Method/Link].

Thank you for supporting [Student Name]'s academic journey.