INVOICE

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

Invoice #: _____

Date: _____

BILL TO:

[Student/Parent Name]
[Address Line 1]
[Student ID/Reference]

SEMESTER:

[e.g. Fall 2024]
Due Date: _____

Description	Quantity/Weeks	Rate	Amount
Academic Coaching - Semester Package			
Executive Functioning Assessment			
Materials & Resources Fee			

Description	Quantity/Weeks	Rate	Amount

Subtotal: $_____
Discount: ($_____)

Total Due: $_____

Payment Instructions:

Please make checks payable to [Name] or pay via [Payment Method].
Thank you for your commitment to academic excellence.