

INVOICE

[Advisor Name/Consultancy]

[Email Address]

Date: [MM/DD/YYYY]

Invoice #: [0000]

Billing Period: [Month, Year]

BILL TO:

[Student/Client Name]

[Student ID, if applicable]

[Mailing Address]

PAYMENT STATUS:

Due within [X] days

Service Date	Description of Academic Services	Hours/Qty	Rate	Amount
[Date]	Curriculum Planning & Course Selection	0.0	\$0.00	\$0.00
[Date]	Thesis/Dissertation Advising	0.0	\$0.00	\$0.00
[Date]	Graduate School Application Review	0.0	\$0.00	\$0.00
[Date]	Monthly Retainer / Flat Fee	1	\$0.00	\$0.00

Subtotal: \$0.00

Tax/Fees: \$0.00
Total Due: \$0.00

NOTES / PAYMENT INSTRUCTIONS:

Please include Invoice # with payment. Accepted methods: [Bank Transfer, PayPal, Check].

Thank you for your commitment to academic excellence.