

INVOICE

[Counselor Name/Firm]

[Street Address]

[City, State, Zip]

[Email/Phone]

Invoice #:

Date:

Due Date:

Bill To:

[Client Name / Student Name]

[Client Address]

[City, State, Zip]

Service Description	Hours/Qty	Rate	Amount
Essay Brainstorming & Editing			
College List Development			
Application Strategy Session			
Mock Interview Prep			

Subtotal:

Tax:

Total Due:

Payment Instructions:

Please make checks payable to [Name] or pay via [Venmo/Zelle/PayPal Address].

Thank you for the opportunity to work with your family on this journey.