

INVOICE

No: _____

Career Guidance Consultant

Date: [DD/MM/YYYY]

FROM

[Your Name/Company]

[Street Address]

[City, State, Zip]

[Phone Number]

[Email Address]

BILL TO

[Client Name]

[Client Address]

[Client City, State, Zip]

[Client Email]

Service Description	Hours/Qty	Rate	Amount
Career Strategy Session			
Resume & LinkedIn Optimization			
Interview Preparation/Coaching			
Executive Leadership Assessment			
<hr/>			
Subtotal: \$0.00			
Tax: \$0.00			
Total Amount: \$0.00			

Payment Instructions: Please make checks payable to [Name] or transfer via [Bank Info/Payment Link].

Terms: Payment due within 15 days of invoice date.

Thank you for choosing professional career guidance services.