

Financial Aid Advisor

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

INVOICE
[Invoice Number]
Date: [Date]

BILL TO:

[Student/Parent Name]
[Student ID, if applicable]
[Address Line 1]

PAYMENT DUE:

[Due Date]

Description of Services	Hours/Qty	Rate	Amount
FAFSA / CSS Profile Consultation	[0.0]	[\$0.00]	[\$0.00]
Financial Aid Award Letter Review	[0.0]	[\$0.00]	[\$0.00]
Scholarship Research & Application Prep	[0.0]	[\$0.00]	[\$0.00]
Appeal Letter Assistance	[0.0]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]

Tax: \$[0.00]

Total Due: \$[0.00]

Payment Instructions: [Bank Transfer / Check / Online Payment Details]

Thank you for choosing professional financial aid guidance.