INVOICE

[Advisor/Institution Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice Number [#00000]

Date [MM/DD/YYYY]

Bill To: [Student/Client Name]
[Institutional Affiliation]
[Client Address]
[Client Email]

Payment Due: [MM/DD/YYYY]

Service Description	Hours/Qty	Rate	Total
[Academic Consultation / Thesis Review]	[0.0]	[$0.00]	[$0.00]
[Research Methodology Planning]	[0.0]	[$0.00]	[$0.00]
[Editing & Proofreading Services]	[0.0]	[$0.00]	[$0.00]

Subtotal: [$0.00]
Tax (if applicable): [$0.00]

Amount Due: [$0.00]

Payment Instructions: [Bank Transfer / PayPal / Institutional Fund Transfer Details]
Please include the invoice number in the payment reference.