INVOICE

Academic Review Services

Invoice #: _____

Date: _____

Reviewer Info:

Name: _____
Institution: _____
Email: _____

Bill To:

Name/Dept: _____
Institution: _____
Address: _____

Service Description	Quantity/Hours	Rate	Total
CV & Publication Record Audit			
Research Statement Evaluation			
Teaching Portfolio Assessment			
Strategic Career Consultation			

Subtotal: $_____
Tax/Fees: $_____

Total Due: $_____

Payment Terms: Net 30. Please make checks payable to _____.

Notes: _____