INVOICE

[Consultant/Business Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Student Name - if different]
[Client Address]
[Client Email]

PROGRAM DETAILS:

Target Institution: [University/School Name]
Application Cycle: [Year/Term]

Service Description	Quantity/Hours	Rate	Amount
Mock Interview Session - [Program Name]			
Interview Strategy & Narrative Coaching			
Post-Interview Feedback Report			

Service Description	Quantity/Hours	Rate	Amount
Background Research & School Profiling			

Subtotal: $0.00
Tax/Fees: $0.00
Total Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Business Name]** or pay via **[Electronic Payment Method]**.
Thank you for choosing our services for your academic journey.