INVOICE

Consultant: [Name/Agency]

[Address Line 1]
[Email/Phone]

Invoice #: _____

Date: _____

Bill To:

[Client Name]
[Student Name]
[Client Address/Email]

Session Details:

Date of Session: _____

Target Intake: _____

Service Description	Hours/Qty	Rate	Amount
Admissions Strategy Session (Initial Consultation)			
Application Timeline & Profile Review			
Resource Materials & Action Plan			

Subtotal: $_____
Tax (if applicable): $_____

Total Amount: $_____

Payment Instructions:
Please remit payment via [Bank Transfer/PayPal/Check] to [Account Details].
Payment is due within [Number] days of invoice date.

Thank you for choosing us for your admissions journey.