INVOICE

[Consultant/Agency Name]
[Address Line 1]
[Email/Phone]

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

Bill To:

[Client Name]
[Student Name]
[Address Line 1]

Description of Services	Hours/Qty	Rate	Amount
Initial Profile Assessment & Goal Setting	[0.0]	$[0.00]	$[0.00]
College List Research & Development	[0.0]	$[0.00]	$[0.00]
Application Strategy & Essay Review	[0.0]	$[0.00]	$[0.00]
Financial Aid & Scholarship Consultation	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Amount Due: $[0.00]

Payment Instructions: [Bank Wire / Check / Online Link]

Thank you for choosing [Consultancy Name] to assist in your academic journey.