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

INVOICE

Date: [Date]
Invoice #: [0000]
Student Name: [Name]

BILL TO

[Parent/Guardian Name]
[Billing Address]
[City, State, Zip]

PAYMENT TERMS

Due Date: [Date]
Payment Method: [Zelle/Check/Portal]

Service Description	Hours/Qty	Rate	Total
Comprehensive Package (Phase 1: Discovery & Profile Building)	1	$0.00	$0.00
Essay Development & Editing Workshops	[Qty]	$0.00	$0.00
College List Research & Finalization	[Qty]	$0.00	$0.00
Application Management & Submission Support	[Qty]	$0.00	$0.00

Subtotal: $0.00
Discount/Retainer: ($0.00)
Amount Due: $0.00

NOTES

Please include the invoice number with your payment. Thank you for choosing [Consultancy Name] for your higher education journey.