INVOICE

Financial Aid Counseling Services

Invoice #: [00000]

Date: [Month Day, Year]

From:
[Counselor/Agency Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

To:
[Client Name]
[Student Name/ID]
[Street Address]
[City, State, Zip]

Description of Service	Date	Rate/Price	Total
FAFSA / CSS Profile Consultation	[Date]	$0.00	$0.00
Financial Aid Award Letter Review	[Date]	$0.00	$0.00
Appeals Process Guidance	[Date]	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Balance Due: $0.00

Payment is due within [Number] days of invoice date.

Thank you for choosing our financial aid counseling services.