INVOICE

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

BILL TO:

[Student/Parent Name]
[Address]
[City, State, Zip]

INVOICE DETAILS:

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

Service Description	Hours/Qty	Rate	Amount
[e.g., Essay Brainstorming Session]	[0.0]	$[0.00]	$[0.00]
[e.g., Common App Review]	[0.0]	$[0.00]	$[0.00]
[e.g., College List Consultation]	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax / Fees: $[0.00]
Total Amount Due: $[0.00]

NOTES & PAYMENT INSTRUCTIONS:

Please make checks payable to **[Practice Name]** or pay via [Online Payment Method].
Thank you for the opportunity to assist with your educational journey.