INVOICE

Scholarship Application Assistance

Invoice #: _____

Date: _____

PROVIDER

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BILL TO

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Service Description	Hours/Qty	Rate	Amount
Essay Review & Editing			
Scholarship Research & Matching			
Interview Coaching			
Application Documentation Review			

Service Description	Hours/Qty	Rate	Amount

Subtotal: $ _____
Tax: $ _____
Total Amount Due: $ _____

NOTES / PAYMENT INSTRUCTIONS

_____

Thank you for choosing our scholarship assistance services.