INVOICE

[Counselor/Consultancy Name]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [Date]

BILL TO:

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

DUE DATE:

[Date]

Description	Hours/Qty	Rate	Amount
College Essay Coaching - [Session Type]	0.0	$0.00	$0.00
Application Review & Strategy	0.0	$0.00	$0.00
Standardized Testing Consultation	0.0	$0.00	$0.00

Subtotal: $0.00
Discount: ($0.00)

Total Due: $0.00

Notes & Payment Instructions:

Please make checks payable to [Business Name] or pay via [Preferred Digital Platform]. Payment is expected within [X] days of invoice date.

Thank you for the opportunity to work with your family.