INVOICE

Student Mentorship Program

No: [0000]
Date: [MM/DD/YYYY]

MENTOR / ORGANIZATION

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

BILL TO

[Student or Institution Name]
[Street Address]
[City, State, Zip]
[Student ID / Reference]

Description of Services	Hours/Qty	Rate	Amount
[Service Name - e.g., Career Guidance Session]	[0.0]	$[0.00]	$[0.00]
[Service Name - e.g., Academic Review]	[0.0]	$[0.00]	$[0.00]
[Other Expenses/Materials]	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Discount: $[0.00]

Total Due: $[0.00]

Payment Terms: [e.g., Net 15 Days]

Please make all checks payable to [Organization Name]

Thank you for participating in the Mentorship Program.