INVOICE

[Invoice Number]
Date: [Date]

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

Bill To:
[Student Name]
[Parent/Guardian Name]
[Billing Address]
[City, State, Zip]
Application Cycle: [e.g., Fall 2024]
Program: Undergraduate Admissions
Due Date: [Date]

Service Description	Hours/Qty	Rate	Amount
Initial Strategy Consultation			
Personal Statement & Essay Review			
College List Research & Selection			

Service Description	Hours/Qty	Rate	Amount
Extracurricular Profile Optimization			

Subtotal: $0.00

Tax: $0.00

Total Balance: $0.00

Payment Instructions: [Bank Details / Check Payable To / Online Payment Link]

Please include the invoice number with your payment. Thank you for choosing [Advisory Firm Name] for your academic journey.