

[Consultant/Company Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

INVOICE

No: [000]

Date: [MM/DD/YYYY]

Bill To:

[Parent/Student Name]

[Address]

[Email]

Student Name: [Name]

Application Cycle: [Year]

Service Description	Hours/Qty	Rate	Total
College List Development & Strategy	-	-	\$0.00
Personal Statement Workshop & Editing	-	-	\$0.00
Supplemental Essay Review	-	-	\$0.00
Interview Preparation Session	-	-	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Grand Total: \$0.00

Payment Instructions:

Please make checks payable to [Consultant Name] or pay via [Payment Platform Link].

Payment is due within [Number] days.