

INVOICE

[Agency Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Account ID: _____

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]

COUNSELING DETAILS:

Counselor: _____
Session Type: _____

Description of Services	Hours/Qty	Rate	Amount
Debt Management Plan Setup Fee			
Monthly Maintenance Fee			
Credit Report Review & Analysis			
Financial Education Workshop			
		Subtotal: \$	_____
		Adjustments/Grants: \$	_____
		Total Balance Due: \$	_____

Payment Terms: Due within [X] days. Please make checks payable to [Agency Name].

Thank you for choosing our counseling services to help manage your financial future.