CONSULTING INVOICE

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

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name/Institution]
[Student Name (if applicable)]
[Address]
[Contact Email]

SERVICE PERIOD

[Start Date] - [End Date]

Service Description	Hours/Qty	Rate	Total
College Application Strategy & Planning	0.00	$0.00	$0.00
Essay Review & Editorial Feedback	0.00	$0.00	$0.00
Academic Curriculum Mapping	0.00	$0.00	$0.00

Subtotal: $0.00
Tax/Fees: $0.00
Balance Due: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Name]** or pay via [Payment Method Info].
Thank you for choosing us to guide your educational journey.