

INVOICE

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

Invoice #: [000]
Date: [Date]
Due Date: [Date]

Bill To:

[Client Institution Name]
[Department/Contact Person]
[Street Address]
[City, State, Zip]

Project:

[Curriculum Alignment/Mapping Project Name]

Description of Services	Units/Hours	Rate	Total
Gap Analysis & Standards Mapping	0.0	\$0.00	\$0.00
Curriculum Design Consultation	0.0	\$0.00	\$0.00
Faculty Development Workshop	0.0	\$0.00	\$0.00
Final Alignment Report & Documentation	0.0	\$0.00	\$0.00

Subtotal: \$0.00

Tax/Other: \$0.00

Total Amount Due: \$0.00

Payment Instructions:

Please make checks payable to [Consultant Name] or pay via [Direct Deposit Details].
Thank you for your partnership in academic excellence.