GLOBAL EDUCATION CONSULTING

123 University Avenue, Suite 400
Boston, MA 02110, USA
contact@globaledu.example

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

[Client Name]
[Institution/Company]
[Street Address]
[City, Country]

STUDENT / PROJECT INFO

Student Name: [Name]
ID: [ID Number]
Service: [Program Placement / Visa Support]

Description	Quantity/Hours	Rate	Total
Academic Counseling & Program Selection	[0]	$[0.00]	$[0.00]
Application Processing Fee	[0]	$[0.00]	$[0.00]
Visa Documentation Assistance	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax (0%): $[0.00]

Amount Due: $[0.00]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | SWIFT: [Code] | Account: [Number]
Please include the invoice number as a reference for your wire transfer.

Thank you for choosing Global Education Consulting.