

# CONSULTING INVOICE

Early Childhood Education Services

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

**INVOICE TO:**

**[Client Name/Preschool]**  
[Client Address]  
[Attn: Name/Department]

**Invoice #:** [00000]  
**Date:** [Month Day, Year]  
**Due Date:** [Month Day, Year]

Service Description	Hours/Qty	Rate	Total
Curriculum Development & Review	0.0	\$0.00	\$0.00
On-site Teacher Coaching/Observation	0.0	\$0.00	\$0.00
Staff Professional Development Workshop	0.0	\$0.00	\$0.00
Licensing Compliance Audit	0.0	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

---

**Total: \$0.00**

---

**Payment Instructions:**

Please make checks payable to [Business Name].

Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

*Thank you for your commitment to quality early childhood education.*