

SERVICE INVOICE

Special Education Services

INVOICE #
DATE

PROVIDER / ORGANIZATION

TAX ID / NPI
BILL TO (SCHOOL DISTRICT/PARENT)

STUDENT NAME / ID

Date	Service Description (IEP Goal / CPT Code)	Duration	Rate	Amount

Subtotal: \$ _____

Adjustments: \$ _____

Total Due: \$ _____

NOTES / PAYMENT INSTRUCTIONS

AUTHORIZED SIGNATURE

I certify that the above services were rendered in accordance with the IEP/Service Plan.

Thank you for your partnership in supporting student success.