

INVOICE

[Consultant Name/Business]

[Address]

[Phone/Email]

Invoice #: [000]

Date: [MM/DD/YYYY]

Bill To:

[Client/District Name]

[Contact Person]

[Address]

Student Reference: [Student Initials/ID]

Due Date: [MM/DD/YYYY]

Service Description (IEP, Evaluation, Consultation)	Date	Hours	Rate	Total
[Service Detail]	[Date]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Service Detail]	[Date]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Service Detail]	[Date]	[0.00]	[\$[0.00]]	[\$[0.00]]

Total Amount Due: \$[0.00]

Payment Instructions:

Please make checks payable to [Business Name] or pay via [Payment Method].

Thank you for your partnership in supporting student success.