

INVOICE

Consultant Name/Business

Address Line 1
City, State, Zip
Email: name@example.com

Invoice #: _____
Date: _____
Due Date: _____

BILL TO (CLIENT)

Parent/Guardian Name
Address Line 1
City, State, Zip
Student Name: _____

SERVICE DETAILS

District: _____
Meeting Type: _____
Case Reference: _____

Service Description (IEP Meeting, Record Review, Prep)	Hours/Qty	Rate	Amount

Subtotal: \$0.00
Travel/Expenses: \$0.00
Total Due: \$0.00

PAYMENT INSTRUCTIONS & NOTES

Please make checks payable to **[Business Name]**.

For electronic transfers (Zelle/Venmo): **[Account ID]**.

Special Education Advocacy services are provided as consultation and do not constitute legal advice.

Thank you for allowing me to support your student's educational journey.