

# INVOICE

**[Consultant Name/Agency]**

[Street Address]

[City, State, Zip]

[Phone Number]

[Email/Tax ID]

Invoice Number [0000]

Date [MM/DD/YYYY]

Due Date [MM/DD/YYYY]

**BILL TO:**

[School District/Client Name]

[Department/Contact Person]

[Address]

[City, State, Zip]

**STUDENT INFO (IF APPLICABLE):**

Name/ID: [Student Name/Reference]

Service Period: [Start Date] - [End Date]

Date	Service Description (FBA, BIP, Consultation)	Units/Hrs	Rate	Amount
[Date]	[Service Details]	0.00	\$0.00	\$0.00
[Date]	[Service Details]	0.00	\$0.00	\$0.00

Date	Service Description (FBA, BIP, Consultation)	Units/Hrs	Rate	Amount
------	--	-----------	------	--------

[Date]	[Service Details]	0.00	\$0.00	\$0.00
--------	-------------------	------	--------	--------

Subtotal: \$0.00

**Total Due: \$0.00**

**NOTES / PAYMENT INSTRUCTIONS:**

Please make checks payable to [Consultant/Agency Name].  
 For wire transfers: [Bank Details].

Certification: I certify that the services listed above were performed in accordance with the agreed-upon Individualized Education Program (IEP) or service contract.