

INVOICE

[Consultant Name/Agency]
[Street Address]
[City, State, Zip]
[Tax ID/EIN]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

BILL TO:

[District/School Name]
[Department/Contact]
[Street Address]
[City, State, Zip]

Service Description (IEP Audit, Compliance Training, etc.)	Hours/Qty	Rate	Total
[Service Item 1]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Service Item 2]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Service Item 3]	[0.0]	[\$[0.00]]	[\$[0.00]]
Subtotal: \$[0.00]			

Total Amount Due: \$[0.00]

Payment Instructions:

Please make checks payable to [Consultant Name].

For ACH/Wire transfers: [Bank Name] | Acc: [Number] | Routing: [Number]

Thank you for your commitment to special education compliance.