

# INVOICE

**[Consultant Name/Business]**  
[Address Line 1]  
[City, State, Zip]  
[Email/Phone]

**Invoice #:** [000]  
**Date:** [MM/DD/YYYY]  
**Due Date:** [MM/DD/YYYY]

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**BILL TO:**

[Client Name/Parent Name]  
[Address Line 1]  
[City, State, Zip]

**STUDENT INFO:**

Student Name: [Name]  
School District: [District Name]  
Case Type: [IEP Review / 504 / Advocacy]

Service Description	Hours/Qty	Rate	Total
IEP Document Review & Analysis	[0.0]	[\$0.00]	[\$0.00]
IEP Meeting Attendance/Advocacy	[0.0]	[\$0.00]	[\$0.00]
Parent Consultation & Strategy Session	[0.0]	[\$0.00]	[\$0.00]
Written Report/Observations	[0.0]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]

Discounts/Credits: -\$[0.00]

**TOTAL DUE: \$[0.00]**

**Payment Instructions:**

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

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