

INVOICE

[Consultant Name]

Special Education Instructional Consultant

[Address Line 1]

[City, State, Zip]

[Email/Phone]

Invoice #: [000]

Date: [Date]

Due Date: [Date]

Bill To:

[School District/Client Name]

[Attn: Department Name]

[Address Line 1]

[City, State, Zip]

| Service Description (Student Initials/Type) | Date | Hours/Qty | Rate | Amount |
|---|---------|-----------|--------|--------|
| IEP Meeting Participation / Consultation | [MM/DD] | 0.00 | \$0.00 | \$0.00 |
| Instructional Coaching & Strategy Design | [MM/DD] | 0.00 | \$0.00 | \$0.00 |
| Specialized Assessment Review | [MM/DD] | 0.00 | \$0.00 | \$0.00 |

Subtotal: \$0.00

Total Amount Due: \$0.00

Notes & Payment Instructions:

Please make checks payable to [Consultant Name/Business Name].

Services provided in accordance with the Special Education Services Agreement. Thank you for your partnership in student success.