

INVOICE

[Consultant Name/Firm]

[Street Address]

[City, State, Zip]

[Email/Phone]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Client Name]

[Client Address]

[City, State, Zip]

CASE REFERENCE:

Student Name: [Student Name]

District: [School District]

Matter: [IEP/Due Process/Mediation]

Date	Description of Service (IEP Review, Consultation, Legal Research)	Hours/Qty	Rate	Amount

Subtotal: \$0.00

Expenses/Costs: \$0.00

TOTAL DUE: \$0.00

Payment Instructions: Please make checks payable to [Consultant Name] or pay via [Electronic Link].

Notice: This invoice may contain confidential information protected by consultant-client privilege.