

INVOICE

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

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

BILL TO:

[School District/Organization Name]
[Department/Contact Person]
[Address Line 1]
[City, State, Zip]

PROJECT/CASE REFERENCE:

[IEP Review / Program Audit / Staff Training]
PO #: [Number]

Date	Description of Services	Rate/Hour	Hours	Total
[Date]	[e.g., IEP Meeting Attendance & Consultation]	\$0.00	0.0	\$0.00
[Date]	[e.g., Program Evaluation & Report Writing]	\$0.00	0.0	\$0.00
[Date]	[e.g., Travel/Administrative Fee]	\$0.00	1.0	\$0.00

Subtotal: \$0.00
Tax: \$0.00

Total Amount Due: \$0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Consultant Name]**. For ACH transfers, please use **[Account Details]**. Thank you for your commitment to accessible education.