

[Teacher Name/Business Name]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

INVOICE

Bill To:

[Client Name/School District]

[Department/Contact Person]

[Address Line 1]

[City, State, Zip]

Invoice #: [000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

Service Description (IEP, Evaluation, Consultation)	Date	Hours/Qty	Rate	Total
[Service Name]	[Date]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Service Name]	[Date]	[0.0]	[\$[0.00]]	[\$[0.00]]
			Subtotal:	[\$[0.00]]
			Grand Total:	[\$[0.00]]

Payment Instructions:

Please make checks payable to [Name] or pay via [Direct Deposit/Payment Link].

Thank you for your partnership in supporting student success.