

INVOICE

[Your Provider Name]
[Street Address]
[City, State, Zip]
[Email/Website]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name / School District]
[Attention To]
[Address]
[Phone/Email]

PROJECT/REFERENCE:

[Course Name/Semester]
[Contract ID]

Description of Virtual Services / Curriculum Materials	Qty/Units	Unit Price	Total
[Item Name - e.g., Algebra I Digital License]	[0]	[\$[0.00]]	[\$[0.00]]
[Item Name - e.g., Professional Development Hour]	[0]	[\$[0.00]]	[\$[0.00]]
[Item Name - e.g., LMS Integration Fee]	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax/Fees: \$[0.00]

Total Amount Due: \$[0.00]

PAYMENT INSTRUCTIONS

Please make checks payable to: [Provider Name]
For electronic transfers: [Routing #] / [Account #]
Terms: [Net 30/Net 15]