[Coach Name or Company Name]
[Address Line 1]
[City, State, Zip]
[Email / Phone]

INVOICE

No: [Invoice #]
Date: [Date]

BILL TO

[Client or Parent Name]
[Student Name]
[Address]
[Email]

PAYMENT TERMS

Due Date: [Date]
Payment Method: [Zelle/Check/Portal]

Service Date	Description (Executive Function Coaching)	Duration	Rate	Amount
[MM/DD/YYYY]	Individual Coaching Session: [Topic]	[Hrs]	$[0.00]	$[0.00]
[MM/DD/YYYY]	School Consultation / IEP Review	[Hrs]	$[0.00]	$[0.00]
[MM/DD/YYYY]	Mid-Week Accountability Check-in	-	$[0.00]	$[0.00]

Subtotal $[0.00]
Discount/Credit ($[0.00])
Total Due $[0.00]

NOTES & STRATEGIES

[Optional brief summary of progress or upcoming deadlines discussed during sessions.]

Thank you for the opportunity to support your academic growth.