INVOICE

[Coach/Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]
[Email Address]

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

BILL TO

[Parent/Guardian Name]
[Street Address]
[City, State, Zip]
Student: [Student Name]

SERVICE PERIOD

[Start Date] - [End Date]

Date	Description (IEP Goal/Subject)	Hours	Rate	Amount
[Date]	[Executive Functioning / Math Support]	[0.0]	$[0.00]	$[0.00]
[Date]	[Advocacy/IEP Meeting Attendance]	[0.0]	$[0.00]	$[0.00]
[Date]	[Curriculum Modification/Prep]	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Discount/Credit: -$[0.00]

Total Amount Due: $[0.00]

PAYMENT INSTRUCTIONS

Please make checks payable to **[Name]** or pay via **[Venmo/PayPal/Zelle Info]**.

Special Education Academic Coaching & Advocacy Services
Thank you for the opportunity to support your student's growth.