

# INVOICE

**Specialist Name:**  
**License/Cert #:**  
**Address:**

**Invoice #:**  
**Date:**  
**Due Date:**

**Bill To (Parent/Guardian):**

**Student/Child Name:**

Date	Service Description (Developmental Assessment, Tutoring, Consultation)	Hours/Qty	Rate	Amount

**Subtotal: \$** \_\_\_\_\_

**Materials/Fees: \$** \_\_\_\_\_

**Total Due: \$** \_\_\_\_\_

**Payment Instructions:**

**Notes:** Thank you for the opportunity to support your child's early development and learning journey.