

INVOICE

Invoice #: [0000]

Date: [Month Day, Year]

[Consultancy Name]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

BILL TO:

[School District Name]
Attn: [Department/Contact]
[Address Line 1]
[City, State, Zip]

PROJECT:

[Year] Strategic Planning Cycle
PO #: [000-000]

Description of Services	Quantity/Hours	Rate	Amount
Stakeholder Engagement / Community Forums	[0]	[\$0.00]	[\$0.00]
Data Analysis & Performance Audit	[0]	[\$0.00]	[\$0.00]

Description of Services	Quantity/Hours	Rate	Amount
Strategic Framework Development (Mission/Vision)	[0]	[\$0.00]	[\$0.00]
Final Board Presentation & Documentation	[0]	[\$0.00]	[\$0.00]
Subtotal: \$[0.00] Tax/Adjustments: \$[0.00]			
<hr/> Total Due: \$[0.00]			

Payment Terms: Due within [30] days. Please make checks payable to [Consultancy Name].

Notes: [Space for additional project milestones or expense reimbursements]