

[Advocacy Service Name]

[Address Line 1]
[Address Line 2]
[Phone Number]
[Email/Website]

INVOICE

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

BILL TO

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

CASE REFERENCE

District: [School District Name]
Service Period: [Month/Year]
Matter: [IEP Meeting / Mediation / File Review]

Description of Services	Hours/Qty	Rate	Amount
[IEP Meeting Attendance]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Document/Drafting Review]	[0.0]	[\$[0.00]]	[\$[0.00]]
[Travel/Administrative]	[0.0]	[\$[0.00]]	[\$[0.00]]

Subtotal: [\$[0.00]]

Applied Deposit/Retainer: -\${0.00}

Total Balance Due: \${0.00}

Payment Instructions: Please make checks payable to [Name] or pay via [Payment Link/Method].

Notes: This invoice covers advocacy services for the Student's educational programming and rights under IDEA and Section 504.