# INVOICE

**INVOICE #** _____
**DATE** _____

**EDUCATOR / INSTITUTION** _____
_____
_____
**BILL TO** _____
_____
_____

| Service Description / Course | Hours/Qty | Rate | Amount |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Subtotal $ _____
Tax / Fees $ _____
Monthly Total $ _____

**PAYMENT INSTRUCTIONS / NOTES**

Please remit payment within 15 days. Make all checks payable to the institution name listed above.