INVOICE

Special Education Tutoring Services

Invoice #: _____

Date: _____

Tutor Information:

Name: _____

Phone: _____

Email: _____

Bill To (Parent/Guardian):

Name: _____

Student: _____

Address: _____

Date	Service Description (IEP Goal/Subject)	Duration	Rate	Total

Subtotal: $_____

Materials/Travel: $_____

Total Amount Due: $_____

Payment Instructions:

Please make checks payable to _____ or pay via _____.

Progress Notes: