

INVOICE

Special Education Services

INVOICE NUMBER
[000]
DATE ISSUED
[MM/DD/YYYY]

TUTOR INFORMATION

[Tutor Name]

[Business Name]

[Phone / Email]

BILL TO

[Parent/Guardian Name]

[Student Name]

[Address]

Date	Service / Session Description	Duration	Rate	Total
[MM/DD]	Individual Tutoring - IEP Goal [Name]	[0.0] hr	\$0.00	\$0.00
[MM/DD]	Progress Assessment & Documentation	[0.0] hr	\$0.00	\$0.00
[MM/DD]	Specialized Materials/Resources	1	\$0.00	\$0.00

Subtotal: \$0.00

Total Amount Due: \$0.00

PAYMENT TERMS & NOTES

Payment is due within [Number] days via [Payment Method].

Please note: Documentation for insurance reimbursement or school district records is available upon request.