

INVOICE

[Tutor Name/Business Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [000]
Date: [MM/DD/YYYY]

Bill To:

[Client/Parent Name]
[Student Name]
[Address]

Payment Due:

[Date]

Date	Literacy Service Description	Duration	Rate	Amount
[Date]	[e.g., Orton-Gillingham Session]	[1 hr]	[\$0.00]	[\$0.00]
[Date]	[e.g., Reading Assessment]	[-]	[\$0.00]	[\$0.00]
[Date]	[e.g., Progress Report Writing]	[-]	[\$0.00]	[\$0.00]

Subtotal: [\$0.00]

Tax: [\$0.00]

Total Balance Due: [\$0.00]

Notes / Progress Overview:

[Enter brief session notes or literacy goals met here]

Payment Instructions:

Please make checks payable to [Tutor Name] or pay via [Payment Method Info].
Thank you for supporting your child's literacy development.