

INVOICE

Charter School Policy Advisory

[Street Address]

[City, State, Zip]

Invoice #: _____

Date: _____

Due Date: _____

Bill To:

[Client Name / Charter School]

[Attention To]

[Street Address]

[City, State, Zip]

Project Reference:

[Policy Review Cycle / Board Advisory]

[Purchase Order #]

| Description of Policy Services | Hours/Qty | Rate | Amount |
|------------------------------------|-----------|------|--------|
| Legislative Compliance Audit | | | |
| Board Policy Manual Revision | | | |
| Administrative Regulation Drafting | | | |
| Stakeholder Consultation Session | | | |

Subtotal: \$ _____

Tax (if applicable): \$ _____

Total Balance Due: \$ _____

Payment Instructions:

Please make checks payable to: **Charter School Policy Advisory**

For Electronic Funds Transfer (EFT): [Bank Name] | [Account Number] | [Routing Number]

Thank you for your commitment to excellence in school governance and policy compliance.