

INVOICE

Educational Equity Assessment Services

Invoice #: _____

Date: _____

PROVIDER

[Consultant/Organization Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO (EDUCATIONAL INSTITUTION)

[District/School Name]

[Contact Person Name]

[Street Address]

[City, State, Zip]

Service Description	Quantity/Hours	Rate	Amount
Data Collection & Demographic Analysis			
Stakeholder Equity Interviews & Focus Groups			
Curriculum & Resource Equity Audit			
Final Equity Assessment Report & Presentation			
Strategic Professional Development Workshops			

Subtotal: \$ _____

Tax/Fees: \$ _____
Total Due: \$ _____

PAYMENT INSTRUCTIONS

Please make checks payable to: _____
ACH/Wire Details: _____

Payment Terms: Net [30] Days