

K-12 POLICY DEVELOPMENT SERVICES

[Consultant/Agency Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[School District/Institution Name]
[Department/Attn: Name]
[Street Address]
[City, State, Zip]

PROJECT REFERENCE:

Policy Area: [e.g., Student Conduct/Digital Safety]
Board Meeting Ref: [Session Date/ID]
PO Number: [000-000]

Service Description / Policy Module	Qty/Hrs	Rate	Total
Drafting & Research: [Policy Name]			
Legal Compliance Review & Alignment			
Stakeholder Consultation/Board Workshop			

Service Description / Policy Module	Qty/Hrs	Rate	Total
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Final Handbook Integration & Formatting

Subtotal: \$0.00

Tax/Adjustments: \$0.00

Amount Due: \$0.00

Payment Instructions: Please make checks payable to [Payee Name] or use [Electronic Transfer Details].

Notes: All policy drafts are subject to final approval by the District Board of Education. Professional services rendered in accordance with the agreement dated [Date].