

INVOICE

Strategic Planning Services

Invoice #: _____

Date: _____

Due Date: _____

CONSULTANT / PROVIDER

[Name/Organization]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

BILL TO (SCHOOL BOARD)

[District Name]

[Department/Attention]

[Address Line 1]

[City, State, Zip]

Service Description	Hours/Qty	Rate	Amount
Stakeholder Engagement & Interviews			
Data Analysis & Environmental Scanning			
Board Facilitation Workshop			
Strategic Plan Document Draft/Finalization			

Service Description	Hours/Qty	Rate	Amount
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Administrative/Travel Expenses

Subtotal: \$0.00
Tax/Other: \$0.00
Total Due: \$0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **[Provider Name]**.
Purchase Order Reference: **[PO Number]**