

INVOICE

[Consultant Name/Firm]

[Street Address]

[City, State, Zip]

[Email/Phone]

INVOICE NUMBER #0000

DATE [MM/DD/YYYY]

DUE DATE [MM/DD/YYYY]

BILL TO:

[Client Name/Educational Institution]

[Contact Person Name]

[Client Address]

[City, State, Zip]

PROJECT:

Teacher Certification Policy Consulting

Service Description	Hours/Qty	Rate	Amount
Certification Requirement Analysis & Audit	0.0	\$0.00	\$0.00
State Policy Compliance Review	0.0	\$0.00	\$0.00
Teacher Reciprocity Research	0.0	\$0.00	\$0.00
Administrative Filing & Documentation Support	0.0	\$0.00	\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00
Total: \$0.00

Payment Instructions:

Please make checks payable to [Consultant Name] or via wire transfer to [Bank Details].

Thank you for your business.