

# TUTORING INVOICE

**Provider:** [Tutor Name/Organization]  
[Address Line 1]  
[Contact Email/Phone]

**Invoice #:** [000]  
**Date:** [MM/DD/YYYY]

## BILL TO

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[Parent/Guardian Name]  
[Student Name]  
[Address]

## SERVICE DETAILS

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**Subject:** Special Education Support  
**Term:** [Month/Year]

Date	Service Description (IEP Goals/Focus)	Duration	Rate	Amount
[Date]	Individualized Instruction: [Focus Area]	[1.0 hr]	\$0.00	\$0.00
[Date]	Individualized Instruction: [Focus Area]	[1.0 hr]	\$0.00	\$0.00
[Date]	Consultation / Progress Reporting	[0.5 hr]	\$0.00	\$0.00

**Total Due: \$0.00**

## NOTES & PAYMENT INSTRUCTIONS

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Please make checks payable to [Name] or pay via [Method].  
Payment is due within [Number] days. Thank you for the opportunity to work with [Student Name].