PROFORMA INVOICE
[Tutor/Organization Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Date: *[DD/MM/YYYY]*
Invoice #: *[Sequence Number]*

Bill To:

[Parent/Guardian Name]
[Street Address]
[City, State, Zip]

Student Information:

Student Name: *[Name]*
Service Period: *[Start Date] to [End Date]*

Description of Services	Units/Hours	Rate	Total
[IEP Goal Support / Subject Tutoring]	[0.0]	$[0.00]	$[0.00]
[Specialized Instructional Materials]	[0.0]	$[0.00]	$[0.00]
[Progress Report / Assessment Fee]	[0.0]	$[0.00]	$[0.00]

Subtotal: *$0.00*

Tax: *$0.00*

Grand Total: *$0.00*

Payment Terms & Notes:

[Enter Payment Instructions: e.g., Bank Transfer, Check, PayPal]

[Enter Cancellation Policy or IEP specific notes]

This is a proforma invoice provided for informational purposes prior to the formal delivery of services.