



Invoice: Services From Vendor

Complete one invoice per student per month.

Vendor Name: _____

Address & Phone: _____

Student Name: _____

Month of Service: _____

Date	Activities	Hours	Rate/Hr	Total \$	Student Signature
Totals:					

Comments:

Vendor Signature: _____

Parent Signature: _____

<i>For office use only:</i>	
Rcvd date: _____	Processed date: _____