



Invoice:
Services From Vendor - Monthly Membership Organizations

Instructions: Complete one invoice per student per month.

Vendor Name: _____

Address & Phone: _____

Student Name: _____

Month of service: _____

| Date | Activities | Hours | Rate/Hr | Total \$ | |
|----------------|------------|-------|---------|----------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals: | | | | | |

Comments:

| |
|--|
| |
| |
| |

For office use only:

Rcvd date: _____ Processed date: _____

Vendor Signature: _____