



# 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
<b>Totals:</b>					

Vendor Signature: \_\_\_\_\_