



Invoice: Services From Vendor

Complete one invoice per student per month.

Vendor Name: _____

Student Name: _____

Student ID#: _____

Facilitator Name: _____

Dates of service on this invoice:

From: _____ **To:** _____

Date	Activities	Hours	Student Signature

Vendor Signature: _____

Date: _____

Parent Signature: _____

Date: _____

For Office Use Only

Vendor approval Date: _____

Date this invoice approved: _____